

***United States Court of Appeals  
for the Second Circuit***



**APPENDIX**



# 76-6125

UNITED STATES COURT OF APPEALS  
FOR THE SECOND CIRCUIT

Docket No. 76-6125

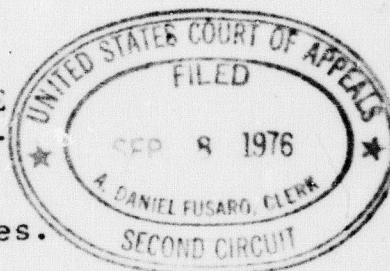
JOSEPH P. ORNATO,

Plaintiff-Appellant,

-against-

MARTIN HOFFMAN, SECRETARY OF THE  
ARMY and COMMANDING OFFICER, RE-  
SERVE COMPONENTS PERSONNEL,

Defendants-Appellees.



On Appeal from the United States District Court  
for the Southern District of New York

---

JOINT APPENDIX

---

KUNSTLER & HYMAN  
Attorneys for Plaintiff-  
Appellant  
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New York, New York 10017

HON. ROBERT B. FISKE, JR.  
United States Attorney  
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New York, New York 10007

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## TABLE OF CONTENTS

|   | <u>Page</u> |
|---|-------------|
| Docket Entries  | 1           |
| Notice of Appeal  | A-1         |
| Order Appealed from Denying Preliminary Injunction  | A-2         |
| Order to Show Cause and Temporary Restraining Order   | A-3         |
| Affidavit of Steven J. Hyman  | A-4         |
| Affidavit of Joseph P. Ornato   | A-6         |
| Complaint   | A-9-16      |
| Exhibits to Complaint:  |             |
| Application of Joseph Ornato, M.D.<br>February 9, 1976 .....  | A-17-37     |
| Letter of Melville Platt, M.D., Executive<br>Director, New York Hospital, 2/9/76 .....                  | A-38-41     |
| Letter of Stephen Scheidt, M.D., Acting<br>Head of Cardiology, New York Hospital, 2/4/76                | A-42-43     |
| Letter of Edward Friedman, December 3, 1975<br>President, Empire State Ambulance Service .....          | A-44        |
| Letter of Alice Austin, Heart Association<br>4/8/76 .....   | A-45        |
| Letter of Alison Webb, Regional Emergency<br>Medical Services Council of New York City<br>2/27/76 ..... | A-46        |
| Letter of Albert Lyons, M.D., Medical Society<br>of the County of New York .....                        | A-47        |
| Letter of Stephen Scheidt, M.D., 5/20/76  | A-48-51     |
| Letter of Major Linden Schuyler, 6/17/76  | A-52        |

# TABLE OF CONTENTS

## Page 2

| Exhibits to Complaint, continued ..   | <u>Page</u> |
|---|-------------|
| Record of Board Proceedings, U.S. Army<br>Delay and Exemption Board .....   | A-53-56     |
| Letter of Appeal, Joseph Ornato, M.D., 6/25/76  | A-57-58     |
| Decision of Major General Paul Smith,<br>29 July 1976 .....   | A-59-60     |
| Letter of Melville Platt, M.D. to Senator<br>Jacob Javits, August 3, 1976 .....                                     | A-61-64     |
| Affidavit of Steven J. Hyman in Support of Motion<br>for Preliminary Injunction, August 12, 1976 .....              | A-65        |
| Affidavit of Frederick Hewitt   | A-66-70     |
| Letter of Michael Herman, M.D., Chief of Cardiology,<br>Mt. Sinai School of Medicine, August 10, 1976 ....          | A-71        |
| Letter of Stephen Scheidt, M.D., August 13, 1976  | A-72-73     |
| Affidavit of Michael Dolinger, Assistant United<br>States Attorney, in Opposition .....                             | A-74-78     |
| Exhibits to Affidavit (those exhibits duplicating<br>exhibits furnished in plaintiff's papers have<br>been omitted) |             |
| Orders to Active Duty   | A-79-79a    |
| Appeal of New York Hospital   | A-80        |
| TELEX Denying Plaintiff's Application   | A-81        |
| Letter of Major Schuyler to Joseph Ornato,<br>dated May 5, 1976 .....   | A-82        |
| Form 2496, Major Schuyler to Delay and Exemption<br>Board .....   | A-83        |
| Letter of Joseph Ornato, M.D., April 7, 1976  | A-84        |
| Deferment and Requests of Joseph Ornato   | A-85-94     |

TABLE OF CONTENTS

Page 3

|   | <u>Page</u> |
|---|-------------|
| Exhibits to Affidavit of Michael Dollinger, cont.                   |             |
| Statement of Physical Condition for Promotion .....                 | A-95        |
| Berry Plan Deferment  | A-96        |
| Request for Delay   | A-97        |
| Letter of Joseph Ornato, July 1972, Requesting<br>Information ..... | A-98-99     |
| Consideration for Promotion   | A-100       |
| Appointment as United States Army Reserve Officer                   | A-101       |
| DD-44   | A-102       |
| Reserve Assignment  | A-103       |
| Letter of Joseph Ornato, September 16, 1975                         | A-104       |
| Statement of Understanding  | A-105-106   |
| Army Regulation 601-25  |             |
| Chapter 1   | A-107-108   |
| Chapter 2   | A-109-116   |

UNITED STATES COURT OF APPEALS  
FOR THE SECOND CIRCUIT

JOSEPH P. ORNATO.

PLAINTIFF,

-v-

MARTIN HOFFMAN, SECTY. OF THE ARMY, AND  
COMMANDING OFFICER, RESERVE COMPONENTS  
PERSONNEL, DEFENDANTS.

UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF  
NEW YORK.

CASE NO. 76 civ. 3456

JUDGE CONNER

INDEX TO THE RECORD ON APPEAL

DOCUMENTS

Certified copy of docket entries

A-B.

Complaint.

1.

Plaintiff's Order to Show Cause for Preliminary Injunction and  
Temporary Restraining Order-Goettel J. dtd: Aug. 5-76; memo. endorsed  
Goettel J. dtd: August 13-76.

2.

Plaintiff's Affidavit in support of application for preliminary  
Injunction.

3.

Plaintiff's Memorandum of Law in Support of application.

4.

Defendants' Affidavit in Opposition to plaintiff's application.

5.

Defendants' Memorandum of Law in Opposition to plaintiff's motion  
for summary judgment.

6.

Plaintiff's Notice of Appeal.

7.

Clerk's Certificate.

8.

A-i

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

JOSEPH P. ORNATO,

Plaintiff,

-against-

MARTIN HOFFMAN, SECRETARY OF THE  
ARMY, and COMMANDING OFFICER,  
RESERVE COMPONENTS PERSONNEL,

Defendants.

Action No. 76 Civ. 34

(GLG)

W.C.C.

NOTICE OF APPEAL

TO

UNITED STATES COURT OF APPEALS  
FOR THE SECOND CIRCUIT

Notice is hereby given that JOSEPH P. ORNATO,  
Plaintiff above named, hereby appeals to the United States  
Court of Appeals for the Second Circuit from the order of  
Hon. Gerard L. Goettel, dated August 13, 1976, denying  
Plaintiff's motion for a preliminary injunction.

KUNSTLER & HYMAN  
Attorneys for Plaintiff

By *Samuel R. Meier*  
A Member of the Firm

370 Lexington Avenue  
New York, N.Y. 10017  
Tel. (212) 725-5970

TO:

HON. ROBERT B. FISKE, JR.  
United States Attorney for the  
Southern District of New York  
Attorney for Defendants  
1 St. Andrews Plaza  
New York, N.Y. 10007

CLERK, UNITED STATES COURT OF  
APPEALS for the SECOND CIRCUIT

E N D O R S E M E N T

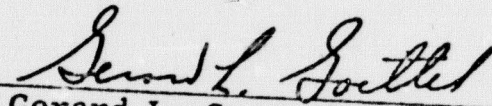
JOSEPH P. ORNATO v. MARTIN HOFFMAN, SECRETARY OF THE ARMY,  
and COMMANDING OFFICER, RESERVE COMPONENTS PERSONNEL,  
76 Civ. 3456 (WCC)

The motion for preliminary injunction is denied since the plaintiff has failed to make a showing of probable success on the merits. The jurisdiction of this court is extremely limited in matters of this nature and purely discretionary decisions may not be reviewed provided that the internal procedures of the Armed Forces have been observed. Roth v. Laird, 446 F.2d 855 (2d Cir. 1971); Smith v. Resor, 406 F.2d 141, 145 (2d Cir. 1969); United States ex rel. Schonbrun v. Commanding Officer, Armed Forces, 403 F.2d 371 (2d Cir. 1958); Feliciano v. Laird, 426 F.2d 424, 427 (2d Cir. 1970). A review of the record reveals that the Army complied with its own procedures and regulations.

The temporary restraining order may remain in effect pending appeal, provided that the parties file an expedited appeal. The defendants are temporarily restrained from ordering plaintiff to active duty until a decision on the appeal or until further order of the Court of Appeals.

SO ORDERED:

Dated: New York, N.Y.,  
August 13, 1976.

  
Gerard L. Goettel  
U.S. District Judge  
Part I

A-2

FILE COPY

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

JOSEPH P. ORNATO,

Plaintiff,

76 Civ. No. 3456

-against-

MARTIN HOFFMAN, SECRETARY OF THE  
ARMY, and COMMANDING OFFICER,  
RESERVE COMPONENTS PERSONNEL,

Defendants.

ORDER TO SHOW  
CAUSE FOR PRE-  
LIMINARY INJUNC-  
TION AND TEMPOR-  
ARY RESTRAINING  
ORDER

Upon reading the complaint herein, and exhibits annexed thereto, and the affidavit of Joseph P. Ornato, M.D., annexed hereto, and upon all other papers and proceedings heretofore had herein, it is

ORDERED that defendants show cause before this Court, at the United States District Courthouse at Foley Square, New York N.Y. at 9:30 o'clock in the forenoon in Room 576, on the 12<sup>th</sup> day of August, 1976, or as soon thereafter as counsel can be heard why an order should not be issued granting the plaintiff a preliminary injunction pursuant to Rule 65 of the Federal Rules of Civil Procedure enjoining defendants agents, servants and employees from ordering plaintiff to active duty effective August 5, 1976 pending a hearing and determination on plaintiff's cause of action, and it is further

A-3

ORDERED, that defendants servants, agents and employees  
be and they hereby are <sup>temporarily</sup> restrained from ordering plaintiff to  
active duty on August 5, 1976 <sup>until Aug 16, 1976 unless there is a</sup> pending the hearing on the applic-  
<sup>further order of the Court</sup> ation for a Preliminary Injunction, and it is further ~~ordered that~~  
~~security in the sum of \$ shall be posted by the plaintiff.~~

ORDERED that personal service of a copy of this order  
togetherwith a copy of the papers upon which it is granted, upon  
the United States Attorney for the Southern District of New York,  
on or before 12 o'clock ~~in the~~ noon on the 5<sup>th</sup> day of August,  
1976 shall be deemed good and sufficient service.

ENTER

Dated: New York, N.Y.  
August 4, 1976  
5

G Gabel

U.S.D.J.

ISSUED 10<sup>20</sup> AM

A-3a

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

---

JOSEPH P. ORNATO,

Plaintiff,

76 Civ. No. 3456

-against-

AFFIDAVIT

MARTIN HOFFMAN, SECRETARY OF THE  
ARMY, and COMMANDING OFFICER,  
RESERVE COMPONENTS PERSONNEL,

Defendants.

---

STATE OF NEW YORK    )  
                          ( ss.:  
COUNTY OF NEW YORK )

STEVEN J. HYMAN, being duly sworn, deposes and says:

I am a member of the firm of Kunstler & Hyman, attorneys for the plaintiff herein and make this affidavit in support of the request for a temporary restraining order.

Annexed hereto in support of the application for temporary restraining order and preliminary injunctive relief is the complaint with exhibits and the affidavit of Joseph P. Ornato, plaintiff herein.

It is requested that this Court grant the temporary restraining order as this Court has always done in order to determine the validity of plaintiff's cause of action. Requiring plaintiff to report for duty pending adjudication of this claim may possibly defeat jurisdiction and will otherwise cause plaintiff irreparable harm and may render moot the action herein.

I have advised the United States Attorney by telephoning Mr. Taggart Adams, Chief of the Civil Division, who has been advised that a temporary restraining order will be requested. He has advised me that he will have an attorney assigned to the case to represent the government when this case is to be considered by the Court.

No other application has been made for the relief herein requested.

WHEREFORE, it is respectfully requested that a temporary restraining order be in all respects granted.

---

Steven J. Hyman

Sworn to before me this  
4th day of August, 1976.

SEEMA K. TRAUBER  
Notary Public, State of New York  
No. 24-9372320  
Qualified in Kings County  
Commission Expires March 30, 1977

A-5

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

JOSEPH P. ORNATO,

Plaintiff,

76 Civ. No. 3456

-against-

AFFIDAVIT

MARTIN HOFFMAN, SECRETARY OF THE  
ARMY and COMMANDING OFFICER,  
RESERVE COMPONENTS PERSONNEL,

Defendants.

STATE OF NEW YORK )  
                          ( ss.:  
COUNTY OF NEW YORK )

JOSEPH P. ORNATO, being duly sworn, deposes and says:

I am the plaintiff in this action and make this affidavit in support of my request for a temporary restraining order and preliminary injunctive relief, pursuant to Rule 65 of the Federal Rules of Civil Procedure.

I am a physician and presently the Director of the Paramedic Service in the New York Hospital. I assumed this position in or about October 1975 and am the only full-time director who has been found by the program since its inception in 1972.

Annexed hereto is the complaint and the documentation in support of my request and the request of New York Hospital that my orders for active duty be delayed and that I be discharged by reason of community hardship.

I am presently under orders to report for active duty at Ft. Eustis, Virginia, on August 5, 1976. I bring this action in order to have this Court adjudicate whether or not such call to active duty is legal and in conformity with the Army's own rules and regulations. As set forth in detail in the complaint, I believe that the active duty order at this time is illegal in that the denial of my application for delay and/or discharge

A-6

from active duty was irrational, arbitrary and without basis in fact and that I was otherwise denied a fair and impartial review by the United States Army.

Specifically at this time I am asking the Court to grant me a temporary restraining order so that the Court will have an opportunity to review the file herein and otherwise to conduct a hearing to determine whether or not the Army has acted in conformity with the law. It is for this reason that I proceed by way of order to show cause and not by normal motion and affidavit.

I believe that a temporary restraining order is justified in this case and that a preliminary injunction should thereafter issue on the grounds that:

(a) if I am called to active duty at this time I will suffer irreparable harm in that I will be forced to leave my home and position and the New York Hospital will suffer irreparable harm because there will not be anyone to direct the Paramedic Service;

(b) the Army will not suffer any prejudice by reason of the short delay necessary for the Court to adjudicate the issues herein.

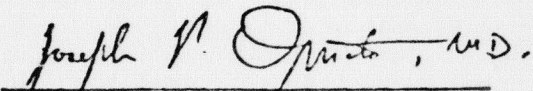
The reason that I have to file at this late date is that I have only now been advised by the U.S. Army that my appeal has been turned down and I have made efforts to determine whether there is any other administrative remedy available to me, including request for Congressional review. However, I am advised that even though the denial of my appeal was only given me at the beginning of this week, the Army has maintained that I must, nevertheless, report on August 5th to Ft. Eustis, Va. It is for this reason that I have to make application, now, for an order to show cause.

No prior application has been made for the relief herein requested.

I have no adequate remedy at law.

Since the United States is a party to this action, pursuant to Rule 65.1 I request that no security be required to be posted by me.

WHEREFORE, I respectfully request that the order to show cause be signed, that the temporary restraining order be granted and that thereafter a hearing be set to determine my request for preliminary injunctive relief, and for such other and further relief as this Court may deem just in the premises.

  
Joseph P. Ornato

Sworn to before me this

4th day of August, 1976.

SELMA K. TRAUBER  
Notary Public, State of New York  
No. 24-9372320  
Qualified in Kings County  
Commission Expires March 29, 1977

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

FILE COPY

JOSEPH P. ORNATO,

Plaintiff,

76 Civ. No. 3456

-against-

COMPLAINT

MARTIN HOFFMAN, SECRETARY OF THE  
ARMY, and COMMANDING OFFICER,  
RESERVE COMPONENTS PERSONNEL,

Defendants.

Plaintiff, by his attorneys, Kunstler & Hyman, for his complaint alleges as follows:

1. Plaintiff is a resident of the County, City and State of New York and a member of the United States Army Reserves now scheduled for call to active duty as a physician on August 5, 1976.

2. Defendant MARTIN HOFFMAN is Secretary of the Army with offices in Washington, D.C. and is sued herein in his official capacity as the person under whose authority plaintiff is being called to active duty.

3. Defendant COMMANDING OFFICER, RESERVE COMPONENTS PERSONNEL, with offices in Washington, D.C., is sued herein in his official capacity as the immediate Commanding Officer of plaintiff pending his transfer to active duty on or about August 5, 1976.

4. This action arises under the Constitution of the United States and the laws of the United States and jurisdiction is invoked pursuant to 28 U.S.C. §§1331, 1332, 1361, 1391 and 2255.

5. The matter in controversy exceeds the sum of \$10,000, exclusive of interest and costs.

6. Plaintiff's call-up to active duty as a reservist for two years is illegal and contrary to statute and applicable military regulations.

A-9a

7. Plaintiff is a physician, having completed a residency in internal medicine with a sub specialty in cardiology and has recently completed a fellowship in cardiology at the New York Hospital-Cornell Medical Center, located in the City, County and State of New York. He is presently the Director of the New York Hospital Paramedic Service, having assumed such responsibility in or about October 1975.

8. Plaintiff and his employer, the New York Hospital, have jointly made application for delay and/or discharge from the United States Army pursuant to AR 601-25 and other applicable regulations on the grounds that plaintiff's service as Director of the New York Paramedic Service is essential to the community and that his departure would cause a severe community hardship.

9. Defendants, by their agents, have wrongfully denied said application in that:

(a) respondents have failed to adhere to their own rules and regulations;

(b) defendants have denied plaintiff's application without basis in fact;

(c) defendants have otherwise acted in an arbitrary and irrational manner.

10. That in or about October, 1975, plaintiff was asked by the New York Hospital to take over the administration and operation of their paramedic service. Plaintiff agreed and undertook the task of reorganizing, administering and operating the paramedic program. Although the program had been set up in 1972, plaintiff, upon assuming responsibility in or about October 1975, became the first full-time director of the Paramedic Service.

11. The New York Paramedic Service involves the dispatching of emergency paramedic teams trained to give on-the-scene emergency treatment while in radio-phone communication

with a physician, with particular emphasis on cardiac arrest. The New York Hospital program services a large section of Manhattan and is, in fact, the only 24-hour paramedic service in the entire City of New York. It is unique in the care and standard of competence in the Metropolitan area and has, since plaintiff undertook the administration of it, been responsible for the saving of numerous lives.

12. Plaintiff has devoted his full time and attention to the program so that he is now responsible for its administration, for the training of new paramedics in New York Hospital, as well as for other programs that may be started throughout the City, and is the physician in charge to whom the paramedics report when arriving at the scene of a cardiac arrest.

13. Plaintiff, by reason of his education, training, experience and ability, has become essential to the continued success of the Paramedic Program. His departure would seriously impair the operation of the program since the Hospital has no one to take his place.

14. As a result of the critical need for the program in the Metropolitan area, the effective work of plaintiff in making the program into a unique and successful life-saving service, and the prior experience of the New York Hospital of being unable to find a physician capable of assuming responsibility of the many facets of the paramedic service, plaintiff and the New York Hospital made application to the United States Army pursuant to regulation AR 601-25 for the delay of entry of plaintiff on to active duty and/or discharge by reason of community hardship.

15. Pursuant to regulation, plaintiff filed, in support of his application, the following documentation, annexed hereto as Exhibits A, in the order indicated:

A.(1) Letter of plaintiff setting forth his background, activities and duties with regard to the Paramedic System, and attachments; (A-17)

A.(2) Letter of Melville A. Platt, M.D., Executive Associate Director of New York Hospital; (A-38)

A.(3) Letter of Dr. Stephen Scheidt, Acting Head, Division of Cardiology, New York Hospital; (A-42)

A.(4) Letter of Edward A. Friedman, President of Empire State Ambulance Service; (A-44)

A.(5) Letter of the American Heart Association; (A-45)

A.(6) Letter of the Regional Emergency Medical Services Council of New York City; (A-46)

A.(7) Letter of Albert S. Lyons, M.D., Secretary of the Medical Society of the County of New York. (A-47)

Said documentation complied with the necessary prerequisites for consideration of plaintiff's request for delay and/or discharge based upon community hardship.

16. A review of said documentation substantiates that plaintiff met each of the requirements for delay and/or discharge in that the service performed was (a) essential to the community; (b) cannot be performed by other persons residing in the community; and (c) plaintiff cannot be replaced by another person prior to being called to active duty.

17. Upon filing of this documentation the United States Army requested further documentation specifically setting forth what efforts have been made by New York Hospital to fill the position of Director of the Paramedic Service both before and after plaintiff occupied the position and the details of training necessary to qualify someone to replace plaintiff.

18. Thereafter, the New York Hospital complied with the request of the U.S. Army for such information in the letter of Dr. Stephen Scheidt annexed hereto as Exhibit B/ (A-48) Said letter.

indicates that plaintiff is the only person to assume full-time directorship of the program since its inception in 1972 and documents in detail the efforts made in trying to find personnel to fill plaintiff's position. The letter further sets forth the training necessary to fill the position of director of the program, including experience in emergency medical techniques, advanced instructor status in basic and advanced life-support programs certified by the American Heart Association, administrative and teaching abilities and familiarity with telemetry bio-communications.

19. Thereafter the United States Army, by a Board of Officers, reviewed said application and a report of the evidence presented in the case and the decision of the Board is annexed hereto as Exhibit C. (A-52-56)

20. Said decision is irrational, arbitrary and otherwise without basis in fact, unsupported by any evidence in the record before it.

21. Reliance of the Board of Officers upon a finding that "Whether or not the community wishes to allocate the funds necessary to attract and train a replacement are therefore matters of the internal traits and policies of New York and Manhattan" as a basis for denying the claim of community hardship, is contrary to the meaning and intent of the criteria set forth in the regulations and exhibits such prejudice as to render consideration of plaintiff's application by the Board a nullity.

22. The Board otherwise failed to apply the criteria required by the appropriate regulations in that its determination was based upon a finding that other cardiologists "could have been and could be trained to fill Dr. Ornato's position", which is not a criteria under the applicable regulations and is irrelevant to consideration of whether or not plaintiff can be replaced

23. The decision of the Board of Officers seeks to punish the people of the City of New York by depriving them of primary emergency medical care because the Board has determined that the City of New York and its physicians are not allocating the necessary funds to attract and train a replacement. Such a determination is both contrary to law and fact and outside the scope of the very regulations promulgated by the Department of the Army for consideration of such cases.

24. Thereafter, plaintiff and the New York Hospital appealed to the Adjutant General, as required by regulation. A copy of said letter is annexed hereto as Exhibit D. (A-57,80)

25. Plaintiff was advised, on or about August 1st, that his appeal was denied. Copy of said denial is annexed hereto as Exhibit E. (A-59) Said denial of the appeal apparently was based upon a finding that while plaintiff's activities were necessary to the community, his departure would not deprive the community of effective emergency medical care.

26. Such a finding was irrational, arbitrary and without basis in fact.

27. As attested to by the statements of objective third-parties responsible for the emergency medical care in the City of New York, plaintiff cannot be replaced and upon his departure the paramedic program will be substantially reduced in the dispensing of effective emergency medical care to the New York community.

28. The inability to find a replacement and the gravity of the situation continues to the present day, as attested to by the statements of the New York Hospital addressed to Senator Jacob Javits and annexed hereto as Exhibit F, (A-61) as well as the statement of Walter M. Pizzi, M.D., Chairman of the Regional Emergency Medical Services Council of New York City.

29. That as a result of the foregoing, defendant's order requiring plaintiff to report to Ft. Eustis, Virginia, on August 5th is illegal and contrary to law.

30. Plaintiff therefore requests that a temporary restraining order issue enjoining defendants from requiring plaintiff to report to Ft. Eustis pending the hearing of plaintiff's application for a preliminary injunction.

31. Unless such temporary relief is accorded plaintiff he will suffer substantial prejudice in that he will be required to report for active duty and thus will have to leave his position and home, notwithstanding the illegality of defendant's acts and further, will disrupt the program which is the very basis of the community hardship application at issue.

32. Defendant will suffer no irreparable harm or prejudice by reason of the issuance of a temporary restraining order.

33. That no prior application has been made for the relief herein requested.

34. Plaintiff has no other adequate remedy at law.

WHEREFORE, plaintiff requests the following relief:

(a) that a temporary restraining order, preliminary injunction and thereafter a permanent injunction issue, pursuant to Rule 65 of the Federal Rules of Civil Procedure, enjoining defendants, their agents, servants and employees from ordering plaintiff to active duty;

(b) that an order of mandamus issue pursuant to Title 28, U.S.C. §1361, mandating and requiring defendants to adhere to their own rules and regulations in considering plaintiff's case;

(c) that declaratory judgment issue declaring and ordering defendants to transfer plaintiff to Standby Reserve or

otherwise discharge him from the United States Army Reserve on the grounds of community need;

(d) for such other and further relief as this Court may deem just in the premises.

KUNSTLER & HYMAN  
Attorneys for Plaintiff  
370 Lexington Avenue  
New York, New York 10017

## THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF MEDICINE  
DIVISION OF CARDIOLOGY

February 9, 1976

Commander,  
United States Army Reserve Components  
Personnel and Administration Center  
P.O. Box 1248  
St. Louis, Missouri 63132

Attention: AGUZ-PAD-DO

Re: Delay and/or Discharge From Active Duty  
Joseph Ornato, M.D.  
Service No. 041-40-2836

Dear Sir:

I hereby make application pursuant to AR 635-126 for discharge from the United States Army Reserves by reason of community hardship and/or for delay in my orders for active duty now scheduled for some time during the summer of 1976.

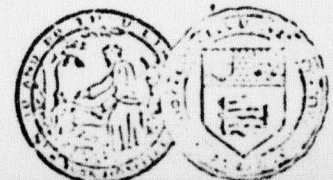
In support of my application I have annexed to my letter certain documents which I will refer to. In addition, I have annexed a letter of Dr. Stephen Scheidt, Acting Head of the Division of Cardiology; a letter from the Director of the Empire Ambulance Service, the organization which provides ambulance and paramedic teams, and a letter from the New York Hospital-Cornell Medical Center. I will submit additional letters from other disinterested persons in support of my application and will seek to obtain a statement from the New York County Medical Society.

I make this application because, as is indicated by the Hospital, I have become the Director of the Paramedic Program at New York Hospital-Cornell Medical Center, the program which provides on-the-scene emergency medical service to cardiac victims and seriously injured citizens of this City. The letter by the Administrator of the Hospital describes the program in its general terms. This program is a unique one in this large metropolitan area and is providing an urgently needed emergency medical service.

Since I have become Director of the program, the paramedic teams have been responding to emergency calls in the Manhattan midtown area on an average of 20 to 30 per week. This is an increase from the average of 5 calls a week that we were responding to prior

BEST COPY AVAILABLE

A-17



## THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF MEDICINE  
DIVISION OF CARDIOLOGY

-2-

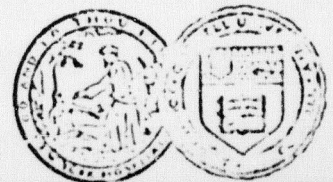
to my taking over the program. These calls involve on-the-scene treatment of seriously ill and cardiac victims and it has been my experience, since my assuming responsibility for the program in October 1975, that the use of the paramedic team has resulted in the saving of numerous lives, particularly the persons suffering cardiac disease.

For example, during the last two weeks of January, 1976, two individuals received on-the-scene emergency treatment, including defibrillation and medication, which resulted in the saving of their lives. One cardiac victim experienced arrest in a department store, while the other was in a waiting room of a physician's office. The latter case history I annex to this letter as Exhibit A, since it will be printed in the forthcoming issue of Practical Cardiology. Both patients, solely as a result of the paramedic team and its training, were fully and completely restored to life with no loss of mental or physical function and both are making an uneventful recovery. I should note that with regard to the victim in the department store, his heart had, in fact, stopped and he would have been pronounced dead but for the swift arrival of the paramedic team and its ability to render swift medical treatment.

This program, with its advanced telecommunication system which permits on-the-scene contact with me, provides a unique service for this community that can, I believe, be said to be necessary to its health and welfare. It is a program that is now growing and responding to more and more calls and one which, if properly managed, will result in a saving of numerous lives. It thus is a program which meets the requirements of the applicable regulations as one necessary to the health and welfare of a community.

The letter by the hospital which I have annexed sets forth the reasons why I have become what may be termed "essential" to the continuation and growth of the paramedic service. My taking over the program was completely fortuitous and came about because the hospital had been looking for three years for someone with proper cardiac training who would have the interest and ability to administer and operate this program. Since heart disease is the number one cause of death in the United States, it is not surprising that more than half of our paramedic emergencies are cardiac. Initially, it was not my intent to assume the responsibility that I now have, nor were my career goals directed to this area. But since becoming involved in it, I have found this to be an area to which I will gear my career. I have assumed the mammoth responsibility of this job without any increase in pay or status, and I continue to receive my stipend as a Fellow in Cardiology at \$13,000 per year.

A-78



## THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF MEDICINE  
DIVISION OF CARDIOLOGYCommander  
U.S. Army Reserve Components

-3-

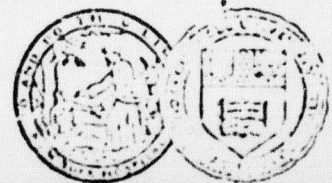
February 9, 1976

My prior training has meshed perfectly with the needs of the paramedic program as my resume indicates. Copy of said resume is annexed hereto. I am a trained cardiologist and have been involved in planning a new Cardiac Rehabilitation Center and exercise stress-testing laboratories at the New York Hospital. I am also an instructor in cardio pulmonary resuscitation for the New York Heart Association. I am presently a regular contributor to a publication for physicians called Practical Cardiology.

Since becoming involved with the paramedic program I have found a new direction in my career not previously anticipated but one to which I am now committed. I have taken over the immediate administration of the paramedic program coordinating its activities with the coronary care unit and emergency room so that the hospital and the paramedic team can operate as a cohesive unit. When I took over the program I found the paramedic program unsupervised and to some extent in disarray. I have instituted a paramedic training program and have formulated an innovative system which enables paramedics to quickly and accurately assess the condition of victims at the scene. A copy of that report is annexed to this letter. I have visited other paramedic programs around the country, particularly in California, and have adapted from those programs what is useful and adding to the program what I believe is necessary. The training program I have instituted in New York will be used by other paramedic systems and as a result I have become a member of the New York County Regional Emergency Medical System Council. I have lectured in surrounding metropolitan areas interested in starting a similar service in the running of a paramedic program. I am presently preparing a book on the proper methods for paramedic training which will be used by other programs across the country. In addition, consideration is being given to setting up a paramedic training program under my auspices for all interested hospitals in the metropolitan area. In the short time since I have assumed the directorship of the paramedic program I have been contacted by several other hospitals in the metropolitan area to assist them in setting up a similar organization.

We are presently developing new and more advanced telecommunication equipment so that the paramedic team can be in contact with me whenever there is an emergency run, since we have found from experience that paramedic teams cannot work well with resident physicians who have not established an on-going working

A-19



## THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF MEDICINE  
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-4-

February 9, 1976

relationship with the particular teams and are often unsure of the correct treatment. Because minutes are essential in the dispensing of on-the-scene cardiac treatment, there must be the ability for the physician and the paramedic team to work efficiently as a team.

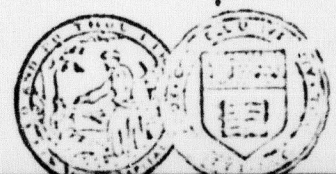
At the present time, I can communicate with the paramedic team in the field using the base station in either the Emergency Room or Coronary Care Unit. Electrocardiograms are routinely sent to me by telemetry. Based on the paramedic's verbal report of the situation and the EKG, I can then order appropriate therapy to begin on the scene. It is not at all uncommon for a patient to be comatose or in shock on arrival of our paramedic team and have the patient alert and stable 15-20 minutes later on arrival at the Emergency Room due to our ability to treat serious conditions promptly, without delay.

More sophisticated electronic equipment is currently being installed at our hospital which will enable me to be contacted anywhere within a 50-mile radius of New York City when there is an emergency run. By calling into a special number using any convenient telephone, I will automatically be "patched in" to the radio telemetry equipment. I can therefore communicate with our paramedics directly from any location in the metropolitan area. A special "briefcase" is being designed for me which will allow me to clip a microphone onto any telephone and view the patient's electrocardiogram. Permanent electrocardiographic records and tape recordings of our conversations (for medico-legal purposes) are made at the hospital.

Because of my involvement in this area of medicine I have been able to see at first hand how few physicians are interested in working in such a program full-time. We are a rather unique breed which unfortunately means that were I to leave the program at this time the hospital would have little chance of finding someone else with experience willing to devote his full time to the operation.

In view of the above, I hope the Army can see fit to grant me the requested discharge and/or delay. I believe I meet the qualifications of community need, essentiality and inability

A-20



## THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF MEDICINE  
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-5-

February 9, 1976

to be replaced. Unless more of these programs are developed we will continue to have patients die because proper treatment has not been administered on the scene. We now know that the capability exists and it is only a matter of finding the best way to deliver this service. I am committed to this and desire to make it my lifetime occupation and I ask that the Army see fit to grant me this delay or discharge. I understand that the military has need for physicians, but in my particular case I can only seek to impress you with the need of New York City to have an effective paramedic program which we offer and seek to further develop.

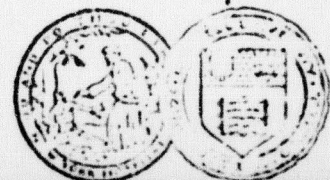
Thank you for your consideration.

Very truly yours,



Joseph P. Ornato, M.D.

A-21



## THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF MEDICINE  
DIVISION OF CARDIOLOGYCURRICULUM VITAE: Joseph P. Ornato, M.D.  
1101 Midland Avenue Apt. 323  
Bronxville, New York 10708

BORN: New Haven, Connecticut December 30, 1947

MARRIED: Jean Louise Welborn

## EDUCATION:

High School: Hamden High, Hamden, Connecticut 1962-1965  
College: Boston University Six-Year Medical Program  
1965-1971 A.B., magna cum laudeMedical school: Boston University School of Medicine  
1967-1971 M.D., magna cum laude

## HONORS AND AWARDS:

Jewish Memorial Hospital Annual Award, 1968  
Massachusetts Medical Society Award, 1971

## HONOR SOCIETIES:

Phi Beta Kappa, 1971  
Alpha Omega Alpha, 1969  
Begg Society of Boston University School of Medicine, 1968

## POST-GRADUATE TRAINING:

Medical intern: Mount Sinai Hospital, New York City 1971- 1972  
Medical assit. resident: Mt. Sinai Hosp. NYC 1972- 1973  
Medical senior resident: Mt. Sinai Hosp. NYC 1973- 1974  
Research Fellow in Cardiology: New York Hospital-Cornell University  
Medical Center 1974- 1976

## FACULTY POSITIONS:

Assistant physician: New York Hospital-Cornell University Medical  
Center 1974- 1975Instructor in Medicine (Cardiology): N.Y. Hospital-Cornell  
Medical Center 1975- 1976Director of Paramedic Program, New York Hospital-Cornell  
Medical Center (Oct. 1975 headed  
Department)

Consultant, Animal Medical Center of New York

Member, Cardiovascular Study Group (Animal Medical Center)

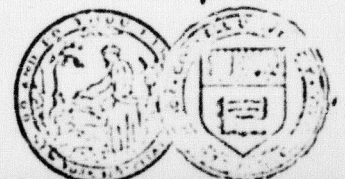
Instructor in Cardio-pulmonary resuscitation, New York Heart Asso-  
ciationInstructor, American College of Physician's continuing education  
course on "Internal Medicine, 1975" at Cornell University  
Medical Center: Workshop on Echocardiography.

## PROFESSIONAL CERTIFICATION:

National Boards, 1972

Board Certified in Internal Medicine, 1974

A-22 Exhibit B



THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF MEDICINE  
DIVISION OF CARDIOLOGY

Curriculum Vitae: Page 2

New York State License #112958  
BNDD #AO 534 4142

CURRENT INTERESTS:

1. Setting up cardiac rehabilitation program at CUMC.
2. Re-organization of the paramedic team.
3. Research project in collaboration with the Animal Medical Center on the prolapsing mitral valve syndrome in dogs: use of echocardiography as a tool to study this fascinating animal model of a common human disease.
4. Research project with the Cardiovascular Center (Dr. John Laragh) using dynamic and isometric stress testing to study hypertension.

MISCELLANEOUS:

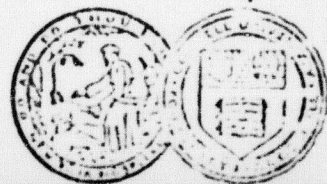
Director of exercise stress testing laboratory, New York Diagnostic Center - 1501 Broadway, New York, New York

Visiting lecturer, Veteran's Administration (Medical Media Network)

Member of New York County Regional Emergency Medical System (EMS) Council

Author - monthly article - "Cardiology Rounds" in Practical Cardiology

A-23



A.M. is a 73 year old retired policeman who suddenly collapsed in the waiting room of a physician's office while bringing his wife for a routine check-up. The physician was summoned and found the man to be in full cardiac arrest. Cardiopulmonary resuscitation was begun by the doctor while his secretary phoned the hospital for assistance. A paramedic team was dispatched and arrived at the scene less than three minutes later.

The initial cardiac rhythm was coarse ventricular fibrillation (Figure 1) which converted successfully to a supra-ventricular tachycardia after two electrical countershocks. Transportation to the hospital was initiated with telemetry monitoring and assisted ventilation. On arrival in the emergency room, the patient was fully awake, ventilating on his own, and wondering what had happened. Vital signs showed a pulse of 150/minute and blood pressure of 170/100.

Suddenly, frequent ventricular premature contractions with runs of ventricular tachycardia (Figure 2) appeared on the monitor but there was no loss of consciousness. Lidocaine, 100 mg. intravenously was given and followed by an infusion of 4 mg./minute.

The ventricular arrhythmia disappeared, but the patient remained in a supra-ventricular tachycardia with a rate of 150/minute and a pattern of right bundle branch block. There was initially no

response to carotid sinus massage, but after edrophonium (tensilon) 5 mg. intravenously the rhythm slowed gradually to normal sinus with carotid sinus pressure (Figure 3). Of note was the disappearance of the right bundle branch block when the rate dropped below 105/minute ("rate related" right bundle branch block). Physical examination revealed moist basilar rales and a soft pansystolic apical murmur. Digoxin and furosemide were given and the patient was transferred to the coronary care unit.

Over the next 12 hours, the lidocaine infusion was tapered with no further episodes of ventricular irritability. The admission electrocardiogram revealed a diaphragmatic myocardial infarction (which was subsequently found to have been noted incidentally on a routine examination one year previously). There were no serial electrocardiographic changes of acute infarction over the next three days, although serum enzymes (including myocardial specific creatine phosphokinase) were elevated. The remainder of the CCU course was uneventful.

#### DISCUSSION:

Sudden death from coronary artery disease claims about 400,000 American lives each year. In most cases, the mechanism of death is a cardiac rhythm disturbance (usually ventricular fibrillation).

A-25

Premonitory warning symptoms (such as chest pain) are often absent or else occur so shortly before the event that there is insufficient time to summon help.

Cardio-pulmonary resuscitation, consisting of mouth-to-mouth ventilation and external cardiac massage, requires no special equipment and is capable of sustaining life for at least several minutes until more definitive treatment can be provided. In many areas of the country, emergency paramedic rescue teams are being developed to provide expertise and equipment to deal with such situations. All physicians should become proficient in the techniques of cardio-pulmonary resuscitation (the American Heart Association sponsors many excellent courses given across the United States).

Prompt electrical defibrillation was able to restore a supra-ventricular rhythm in this patient. However, recurrent ventricular premature contractions rapidly appeared and progressed to ventricular tachycardia. Note the presence of "fusion beats" (merging of normal supra-ventricular with simultaneous ventricular contractions) in Figure 2 which are helpful in confirming the ventricular origin of the premature contractions. Ventricular tachycardia without loss of consciousness may be treated with lidocaine intravenously (usually 75 to 100 mg.). If there is loss of consciousness associated with ventricular tachycardia,

a sharp "thump" to the mid-sternum should be given with the clenched fist. If the rhythm does not immediately convert, electrical countershock with 300 - 400 watt-seconds should be given.

After successful termination of the ventricular arrhythmia, this patient remained in supra-ventricular tachycardia with a rate of 150/minute. The differential diagnosis of this rhythm includes sinus tachycardia, paroxysmal atrial tachycardia ("PAT"), and atrial flutter with 2:1 block. Carotid sinus massage (alone or following edrophonium, 2 to 10 mg. intravenously) is helpful in characterizing or terminating the tachycardia. Figure 4 indicates the expected response to this maneuver with each of these arrhythmias.

| ARRHYTHMIA              | RESPONSE TO CAROTID SINUS MASSAGE   |
|-------------------------|---|
| Sinus tachycardia       | Gradual slowing   |
| Paroxysmal atrial tach. | Sudden termination or no response   |
| Atrial flutter          | Increase in the degree of block<br>(for example, 2:1 changing to<br>4:1 with slowing of the ven-<br>tricular rate and appearance<br>of flutter waves between beats) |

FIGURE 4

A-27

Finally, it is interesting to speculate whether this patient sustained an acute myocardial infarction which triggered the cardiac arrest. Not all individuals with sudden death (or what would have been sudden death as in this case) have acute myocardial infarction. The lack of chest pain or serial electrocardiographic changes do not suggest acute infarction and the enzyme elevations might be due to myocardial injury from the two electrical countershocks. Perhaps a random ventricular premature contraction in the setting of underlying coronary artery disease and previous infarction sparked off "primary ventricular fibrillation" in this patient.



Joseph P. Ornato, M.D.

Instructor in Medicine (Cardiology)

Director of Paramedic Service

The New York Hospital - Cornell

University Medical Center

New York, New York

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A-28

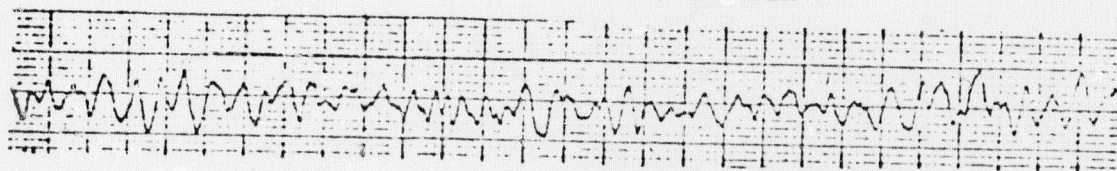


Figure 1: Coarse ventricular fibrillation.

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A-29

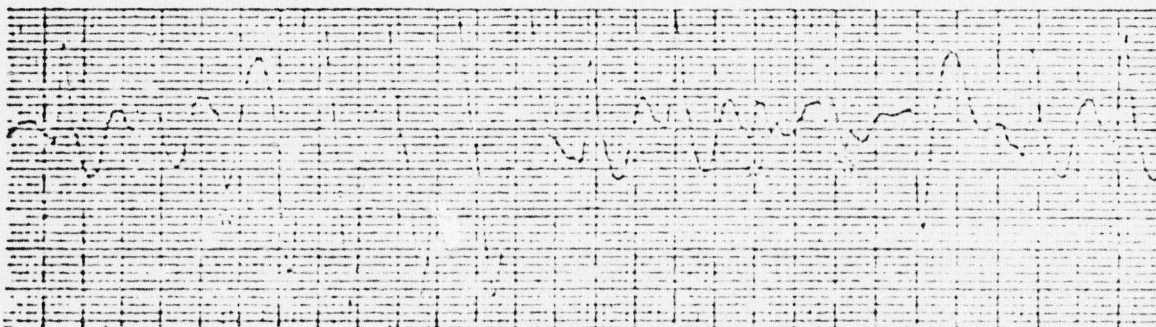


Figure 2: Supra-ventricular tachycardia with frequent VPC's and a run of ventricular tachycardia. Note the presence of "fusion beats" (marked with an asterisk (\*)).

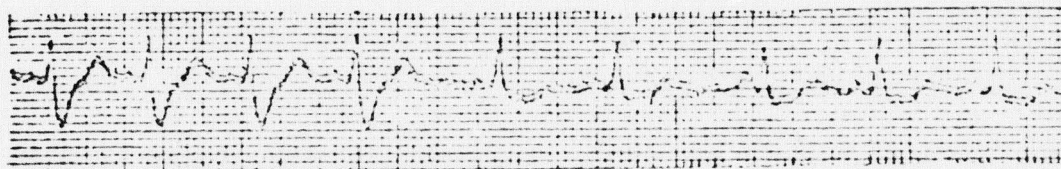


Figure 3: Slowing of sinus rate with carotid  
sinus pressure after edrophonium.  
Note the disappearance of right  
bundle branch block.

## THE PARAMEDIC APPROACH TO THE PATIENT:

### HISTORY AND PHYSICAL

**PURPOSE:** to allow the paramedic to quickly obtain enough information to accurately "size up the situation", and communicate a "mental picture" of the situation to the hospital physician allowing him to make a "tentative diagnosis" and order appropriate therapy.

**REMEMBER:** a physician CANNOT order therapy until he has established what is wrong with the patient. The paramedic has the responsibility of being the "eyes and ears" of the physician and must be capable of approaching the patient in the same way a physician would if he were there.

**METHOD:** there are four kinds of information the paramedic must obtain about his patient:

1. IDENTIFICATION - the patient's name, age, sex, location.
2. PRIORITY - immediate "triage" assessment of how sick the patient appears to be.
3. HISTORY - identifies the major problem(s) from the patient's SYMPTOMS and COMPLAINTS which relate to the acute problem.
4. PHYSICAL - provides additional information from physical SIGNS which may help support the tentative diagnosis using the paramedic's senses of sight, hearing, touch, and smell.

The PARAMEDIC REPORT form is designed to be a framework for obtaining all of the necessary information in a quick, complete manner. It should be attached to a "clipboard" and used to guide the paramedic's interview of the patient and physical examination. The initial communication with the hospital physician should take place with the paramedic simply reading off his report. This should take only 30 to 60 seconds and should give the physician a pretty good idea of what is wrong with the patient. He can then concentrate on specific questions which may be necessary to arrive at a more firm "tentative diagnosis".

#### DETAILS:

1. IDENTIFICATION - the patient's name should be obtained if at all possible. If the patient is comatose and unable to respond, other persons at the scene may know the patient's name (and be able to volunteer further information about what happened).

The patient's age, sex, race (may be important, as certain diseases are more common in one race than another, such as sickle cell disease in blacks), hospital number, and location should be obtained.

2. PRIORITY - immediately alerts the paramedic and the hospital physician to the seriousness of the situation.

Priority I : immediately life-threatening  
Priority II : acutely ill, may need acute care for stabilization, but in no apparent danger of immediate death  
Priority III : chronic problem or completely stabilized acute problem. Also applies to acute problems which are minor (such as a minor laceration of the hand, etc.)

3. HISTORY - the most important point to remember is we want to know what is the MAJOR PROBLEM responsible for patient's illness. In most cases, the appropriate question to ask is "what is wrong and for what reason did you call for help?". Many patients will have long, complicated medical histories if we were to allow them to ramble on and tell us their life story. But we are mainly interested in TODAY, and what (if anything) is wrong at the moment.

Therefore, it is expected that the paramedic will use the "problem oriented" approach. He should then write down in a few words what the patient's main problem is and state this clearly in his initial presentation to the physician.

Once the main problem has been determined, the paramedic should fully pursue the nature of that problem. He should attempt to determine when the illness started and trace the sequence of events chronologically leading up to today's call for assistance. Symptoms should be defined in terms of quality, severity, duration, radiation, and whether there are any clear-cut precipitating factors making the symptom worse or alleviating factors making the symptom less severe.

REMEMBER: IT IS NOT ENOUGH TO JUST STATE THAT A SYMPTOM EXISTS (such as chestpain or shortness of breath). YOU MUST FOLLOW UP ON YOUR QUESTIONING TO HELP DETERMINE WHAT IS CAUSING THE PROBLEM. OUR GOAL IS TO MAKE AN ACCURATE DIAGNOSIS OF WHAT IS WRONG - NOT TO JUST GO THROUGH THE MOTIONS OF ASKING IRRELEVANT QUESTIONS.

For example, if a 40 year old man calls the paramedic service and complains of "chestpain", you should now "zero in" on the nature of the chestpain with further questions. What is the pain like? Is it pressing, sharp, or dull? How long has it been present? Where is it located (ask the patient to pinpoint the spot with one finger) and does it radiate or move from that spot? Is the pain constant or does it come and go? What makes it worse? What makes it better? Does it get worse when the patient takes a deep breath?

By getting the answers to these questions, the paramedic should be getting a good idea of the nature of the problem and maybe even

a few ideas about what is causing the problem (hence, the diagnosis). In any case, when he presents the case to the physician he can state the patient's problem and give supporting history leading up to the problem. The physician will thus have a fairly good picture of what may be wrong with the patient.

It is important that the paramedic become accustomed to thinking like physicians think. We are very much like detectives - - - we must identify a problem initially, then look for clues which will help us understand that problem, and finally put all the clue together into a theory (or "tentative diagnosis") which explains all the findings.

After the main problem has been determined and explored, the paramedic should briefly try to identify any other significant medical problems the patient may have. For instance, it might be very important to know that a comatose patient has a history of diabetes, or was admitted to the hospital previously with a heart attack or malignant cancer. Usually, the easiest way to find out if a patient has any other serious illnesses we should know about is to ask if they have been admitted to the hospital previously for any reason and if they are on any medication. If the answer to both these questions is "no" and the patient denies any other significant medical history, we can be pretty sure he only is suffering from one major problem.

4. PHYSICAL EXAMINATION - there are two sections to this part of the exam: vital signs and description of the patient.

VITAL SIGNS:      Pulse: \_\_\_\_\_ B.P.: \_\_\_\_ / \_\_\_\_ Resp.: \_\_\_\_\_

EXAMINATION:

Position - important because it gives the physician a visual idea of where the patient is in space. Also, certain conditions are best treated by having the patient in specific positions (such as the patient with pulmonary edema who should be allowed to sit up, as opposed to the patient with hypovolemic shock who should be lying down with feet slightly elevated).

Mental state - tells us how alert the patient is.

Skin - is there any fever? Is there any cyanosis?

Respirations - are they labored? deep? shallow?

Breath sounds - any wheezes to suggest asthma or chronic pulmonary disease? any rales to suggest heart failure?

Heart sounds - are they easily heard or absent? any extra sounds like murmurs or gallops?

Abdomen - is it normally soft, or is it tender and hard suggesting a possible intra-abdominal problem? Is it distended or swollen?

Extremities - any edema? any trauma?

Speech

Pupils

Sensation

Motor activity

NEUROLOGICAL  
EVALUATION

FINALLY, by the end of this examination you should have a decent idea as to what may be wrong with your patient. You should write this down as your IMPRESSION.

When you present the case over the biophone or land line to the physician you should read off your report all the way down including your impression WITHOUT INTERRUPTION FROM THE PHYSICIAN. The paramedics are being given much more responsibility in organizing and presenting the essential facts to the physician in an effort to save valuable time. The above system MUST be followed closely to maximize the information available to the physician in the minimum of time.

After the paramedic's initial statement is completed (through to his IMPRESSION), the physician should then ask whatever further questions are necessary to arrive at a firm "tentative diagnosis". It is only when this point is reached that we can consider instituting appropriate therapy.

A-35

## THE PRIORITY CLASSIFICATION SYSTEM

The paramedic team must convey an immediate assessment of the patient's severity to the physician. This can be accomplished with a minimum delay by using a "priority" system. It is the responsibility of the paramedic to make this initial judgement in the field and state clearly the patient's classification at the beginning of his presentation to the physician. The three categories are:

**PRIORITY I** : urgent, life-threatening situations (full arrest, shock, severe trauma, hemorrhage, etc.). In such cases, the paramedic must describe the situation and the life-threatening problem as briefly as possible. Communication should take place on "open mike", allowing the paramedics to continue whatever activities are necessary to sustain life while seeking advice or answers to specific questions from the physician. A relatively small number of paramedic calls will be in this category.

**PRIORITY II** : acutely ill patients with true medical or surgical emergencies which are not an immediate threat to life. Examples include patients with chestpain with probable myocardial infarction, suspected acute appendicitis, most asthmatics, etc. In such situations, the case should be presented to the physician using the standard history-physical checklist without interruption. This should take only 30 to 60 seconds and should give the physician a clear mental "picture" of the situation in the field. Further specific questions can then be asked by the physician to arrive at a tentative diagnosis. A thorough appraisal of the patient's problem should be attempted prior to initiating transport to the hospital. Appropriate treatment for stabilization or prophylaxis should be given when indicated. Most paramedic calls will be in this category.

**PRIORITY III**: patients who are either chronically ill or acutely ill with minor problems (such as a small laceration, mild headache, hypertension, etc.). Communication with the physician will rarely be necessary, except to possibly answer specific questions. In such cases, the standard history-physical checklist should be used to present the case without interruption followed by the paramedic's specific question. Hopefully, such calls will be few in number.

## PARAMEDIC REPORT:

PAI EDIC: \_\_\_\_\_

RUN #: \_\_\_\_\_

PATIENT: \_\_\_\_\_

NYH #: \_\_\_\_\_

LOCATION: \_\_\_\_\_

AGE : \_\_\_\_\_ YEAR OLD W: \_\_\_\_\_ B: \_\_\_\_\_ HISTANIC: \_\_\_\_\_

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

PRIORITY: I II III

PROBLEM: \_\_\_\_\_ DETAILS: \_\_\_\_\_

RELATED MEDICAL PROBLEMS: \_\_\_\_\_

HOSPITALIZATIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

PHYSICAL EXAMINATION: VITAL SIGNS: Pulse: \_\_\_\_\_ B.P.: \_\_\_\_\_ / \_\_\_\_\_ Resp.: \_\_\_\_\_

| POSITION                          | MENTAL STATE                            | SKIN                              | RESPIR.                          | BREATH SDS.                      | HEART SDS.                              |
|-----------------------------------|---|-----------------------------------|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> lying    | <input type="checkbox"/> alert          | <input type="checkbox"/> normal   | <input type="checkbox"/> normal  | <input type="checkbox"/> normal  | <input type="checkbox"/> normal         |
| <input type="checkbox"/> sitting  | <input type="checkbox"/> dull or sleepy | <input type="checkbox"/> cold     | <input type="checkbox"/> shallow | <input type="checkbox"/> rales   | <input type="checkbox"/> soft or absent |
| <input type="checkbox"/> standing | <input type="checkbox"/> unresponsive   | <input type="checkbox"/> warm     | <input type="checkbox"/> deep    | <input type="checkbox"/> wheezes | <input type="checkbox"/> murmur         |
| <input type="checkbox"/> _____    | <input type="checkbox"/> anxious        | <input type="checkbox"/> sweaty   | <input type="checkbox"/> labored | <input type="checkbox"/> _____   | <input type="checkbox"/> gallop         |
| <input type="checkbox"/> _____    | <input type="checkbox"/> _____          | <input type="checkbox"/> cyanotic | <input type="checkbox"/> _____   | <input type="checkbox"/> _____   | <input type="checkbox"/> _____          |

| ABDOMEN                            | EXTREMITIES                     | SPEECH                           | PUPILS                              | SENSATION                          | MOTOR ACTIVITY                           |
|------------------------------------|---------------------------------|----------------------------------|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> normal    | <input type="checkbox"/> normal | <input type="checkbox"/> normal  | <input type="checkbox"/> equal      | <input type="checkbox"/> normal    | <input type="checkbox"/> normal          |
| <input type="checkbox"/> tender    | <input type="checkbox"/> edema  | <input type="checkbox"/> slurred | <input type="checkbox"/> unequal    | <input type="checkbox"/> decreased | <input type="checkbox"/> paralysis       |
| <input type="checkbox"/> rigid     | <input type="checkbox"/> trauma | <input type="checkbox"/> none    | <input type="checkbox"/> dilated    | <input type="checkbox"/> absent    | <input type="checkbox"/> seizure         |
| <input type="checkbox"/> distended | <input type="checkbox"/> _____  | <input type="checkbox"/> _____   | <input type="checkbox"/> pinpoint   | <input type="checkbox"/> _____     | <input type="checkbox"/> inco-ordination |
| <input type="checkbox"/> _____     | <input type="checkbox"/> _____  | <input type="checkbox"/> _____   | <input type="checkbox"/> responsive | <input type="checkbox"/> _____     | <input type="checkbox"/> _____           |
| <input type="checkbox"/> _____     | <input type="checkbox"/> _____  | <input type="checkbox"/> _____   | <input type="checkbox"/> fixed      | <input type="checkbox"/> _____     | <input type="checkbox"/> _____           |

IMPRESSION: \_\_\_\_\_

EMERGENCY CARE: Name of physician contacted: \_\_\_\_\_

☐ OXYGEN: ☐ nasal (\_\_\_\_ L/min) ☐ oral airway  
☐ mask (\_\_\_\_ %) ☐ esophageal airway  
☐ Ambu bag ☐ endotracheal tube

☐ INTRAVENOUS FLUIDS: \_\_\_\_\_ cc of ☐ D<sub>5</sub>W ☐ Normal saline ☐ Plasminate ☐ Ring

☐ CPR: ☐ Defibrillation \_\_\_\_\_ # times

☐ EKG MONITORING: RATE: \_\_\_\_\_ RHYTHM: \_\_\_\_\_

MEDICATIONS:

| DRUG  | DOSE  | ROUTE | RESPONSE | TIME  | PULSE | B.P.  | R     |
|-------|-------|-------|----------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____    | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____    | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____    | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____    | _____ | _____ | _____ | _____ |

CONDITION AT TRANSPORT: ☐ stable ☐ unstable ☐ improving ☐ worse ☐ deadCONDITION IN E.R.: ☐ stable ☐ unstable ☐ improving ☐ worse ☐ dead

PROBLEMS IN TRANSPORT: \_\_\_\_\_

FOLLOW-UP: ☐ Admitted ☐ Discharged Diagnosis: \_\_\_\_\_

Location: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

A-37

# THE NEW YORK HOSPITAL

Chartered 1771

525 EAST SIXTY-EIGHTH STREET

NEW YORK, N.Y., 10021



EXECUTIVE ASSOCIATE DIRECTOR

February 9, 1976

Lieutenant General Richard Taylor  
Surgeon General of the United States Army  
Washington, D. C. 20000

Dear Lieutenant General Taylor:

Pursuant to applicable Army Regulations we hereby request that Dr. Joseph Ornato be granted a delay from entering onto active duty as a physician in the United States Army and/or that he be discharged for reasons of community hardship. We make this request on behalf of the Hospital because of our urgent need to have Dr. Ornato continue in his capacity as Medical Director of the Paramedic Program of The New York Hospital. We wish to emphasize that it is our general policy not to intrude on the obligations to the military of our physicians, but in this particular instance because of the unique situation we feel it essential to request your consideration of our problem.

In 1972 this Hospital established a paramedic emergency treatment team that could render on-the-scene specialized treatment for coronary care and seriously injured persons. This paramedic team was and still is the first widely available such service in the New York area. The New York Hospital paramedic team services a significant portion of the Manhattan area in New York City and is providing a vital service to the community which has life and death implications since, as I am sure you are aware, on-the-scene assistance to cardiac and seriously injured persons can mean the difference between their survival or death.

The Hospital has invested substantial money, equipment and allocation of hospital personnel in order to have this service become a vital and important one for the community. Since the inception of this program numerous lives have already been saved and as the paramedic team grows in number and capability, it will become more and more capable of rendering proper medical care to the New York community.

EXHIBIT

A-2

A-38

Because the Hospital has been so interested in furthering this program, it has long been searching for a director who would have the proper qualifications, the interest, desire and capabilities to administer, act as the physician in charge, and be responsible for the training of the paramedic teams. We have found that only a physician can administer and perform the essential functions of communication with the paramedic teams, but unfortunately few doctors with the proper qualifications in cardiology are available to render their full-time efforts to the program. Thus our prior Medical Director who had other Hospital demands in the cardiac area had to leave the administration of the program in the hands of a nurse, and the dispensing of medical care with resident physicians, which resulted in a situation that was far from ideal. This situation continued for almost two years, and the paramedic program suffered as a result. Until we found Dr. Ornato, we were unable, notwithstanding our intensive efforts, to find a suitable Medical Director; were he to leave at this juncture we would be unable to find a replacement for him.

Since October, and as a result of Dr. Ornato's full-time attention to the program, there has been significant improvement in the operation of the program. Dr. Ornato has personally undertaken to train the paramedics in cardiac care and has set up formal training and refresher courses. In fact his techniques in this area have been unique enough to warrant his publishing a manual that will deal in part with the training of paramedics who are of course essential to the dispensing of on-the scene emergency treatment. Further, Dr. Ornato, because of his experience in training paramedics and the dispensing of emergency medical care, is now a member of the New York County Regional Emergency Medical Service ( "EMS" ) Council.

In addition to the training of the paramedics, Dr. Ornato has developed a system which permits the paramedics to immediately inform the physician at the Hospital of the patient's case history, so that proper therapy can be immediately prescribed. Dr. Ornato's system has already shown its success in that vital minutes have been saved from the time during which the physician and the paramedic would be discussing the medical state of the patient. Instead of wasting time trying to arrive at a diagnosis, Dr. Ornato's training and system of evaluation by the paramedics permits almost immediate evaluation by the physician of the nature of the condition of the patient. Aside from the medical impact of Dr. Ornato's efforts, the fact that the paramedic program now has a competent full-time Medical Director has itself significantly enhanced the morale of the paramedic crews, which itself is an important consideration.

A-39

In addition to the paramedic training, Dr. Ornato has also assumed the responsibility as the physician to whom the paramedic teams report when responding to emergency situations. We have found through trial and error that residents and physicians not familiar with on-the-scene medical care by way of paramedics have not been able to give the quick and proper medical advice required in such emergency situations. As a result, the paramedic system was not being used to its fullest and was suffering seriously. Again, Dr. Ornato's involvement and attention has caused a significant change for the better. Dr. Ornato has personally assumed the responsibility of being the doctor with whom the paramedics communicate. The Hospital has recently installed new telecommunication equipment so that Dr. Ornato can, either at the Hospital or anywhere in the Metropolitan Area, be immediately contacted by radio and be able to review the electrocardiogram of the particular patient and advise the paramedic team as to the treatment to be dispensed. As of now Dr. Ornato is the only physician properly trained in this unique area of medicine at the Hospital who can handle such a responsibility.

Aside from providing the necessary leadership and services for the paramedic team to function, Dr. Ornato has helped to coordinate the efforts of the paramedic teams with the Coronary Care Unit at the Hospital itself, so that with the arrival of the patient at the Hospital, immediate and continuous medical treatment appropriate for the situation can be given. Because of the success of the program to date, we intend to expand the paramedic team to trauma cases as well, so that it can be coordinated in a like fashion with the new Trauma Unit being set up at The New York Hospital, the first of its kind in the Metropolitan Area.

We have enumerated Dr. Ornato's involvement in the program so that you will fully understand our need for his continued service here at the Hospital. This vital program has now begun to function in a manner in which we had envisioned at its inception in 1972, but which, unfortunately was not achieved until Dr. Ornato's assuming command of it. Since the use of paramedic teams and on-the-scene delivery of medical treatment is a new area, it must be constantly refined and organized so that maximum benefit can be obtained. The administration and the organization of the program must of necessity have a person of Dr. Ornato's qualifications and interest in order to succeed. In time, hopefully other doctors will become trained in the area, and the program will become refined enough that it will not be dependent upon the efforts of one physician. But at the present time, that is not the case. We cannot understate in any way the total reliance of the program on Dr. Ornato.

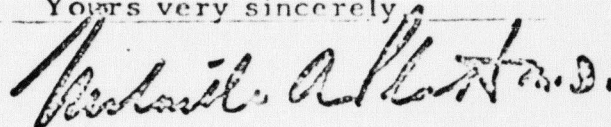
A-40

Certainly, in view of the trouble we have had over three years in finding a person such as Dr. Ornato, it can be stated that we cannot find a replacement in the community by any other physician who could perform the services rendered by Dr. Ornato. His background in cardiology, his ability to administer, and his desire to make the program work and to find ways to expand it, have made him, to our knowledge, a physician of such uniqueness that his replacement could not be assured. Thus, the vital community service performed by the paramedic team to cardiac and seriously injured citizens of New York would be impaired and as a result, the health, safety and welfare of the community would suffer.

We therefore hope that you will look favorably upon this request. Again, we wish to emphasize that we are making this application not for the benefit of Dr. Ornato, but because of the needs of The New York Hospital. If further information is needed, please do not hesitate to contact us. We are willing to provide whatever further documentation you may need to properly consider this application.

Thank you for your attention and consideration.

Yours very sincerely,



Melville A. Platt, M. D.

MAP:mas

A-41

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF MEDICINE  
DIVISION OF CARDIOLOGY

February 4, 1976

Lt. Gen. Richard R. Taylor  
Surgeon General of the United States Army  
Washington, D. C. 20310

Dear Sir:

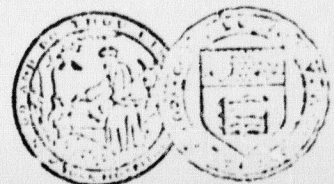
Dr. Joseph Ornato is a physician on the staff of the New York Hospital-Cornell Medical Center who is due to enter on active duty under the Berry Plan in July, 1976. Due to a number of unforeseen circumstances, Dr. Ornato has become vitally important to the Cardiology service of this institution, and I request that his induction be delayed if possible, so that he might remain on our full time staff.

The New York Hospital-Cornell is responsible for the only mobile coronary and intensive care unit facilities widely available throughout the New York metropolitan area. Empire State Ambulance Service is affiliated with this Center, and medical direction is provided by the Division of Cardiology, specifically by Dr. Ornato as Medical Director. Paramedic teams with specialized training available nowhere else in this area (provided by Dr. Ornato and this Division) respond within a very few minutes to cardiac or other emergencies and can be summoned by the general public as well as physicians. The paramedics can render emergency treatment on the scene, including defibrillation (one of only a handful of ambulance services in the entire New York area able to treat cardiac arrest on the scene). Critically ill patients can be transported by ambulance, helicopter, or with a specially outfitted "shock" van containing devices for respiratory and mechanical circulatory assistance. At the scene or during transport the paramedics are in radio communication

EXHIBIT .

A-3

A-42



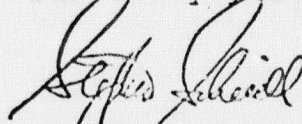
February 4, 1976

with The New York Hospital, specifically with Dr. Ornato who personally directs the therapy rendered by the paramedics by radio. There is no other such service anywhere in the New York area, and its success to date has been very much dependent on Dr. Ornato's direction. It would be extremely difficult to replace him.

Dr. Ornato is also deeply involved in training of cardio-pulmonary resuscitation to other groups. This center is an acknowledged leader in this field, and within the past few years has been responsible for teaching CPR to the entire New York City Fire Department (by training their instructors), to hundreds (perhaps thousands, by now) of coronary care and intensive care nurses, paramedics and ambulance attendants, lifeguards, park attendants, security personnel, YMCA staff and other groups. CPR training for police instructors is planned for the future. Dr. Ornato is one of very few CPR instructors on our staff able to provide this extraordinarily important public service to diverse groups in the community who choose to train at The New York Hospital, and his loss would be a setback to our always expanding CPR program.

There are, then, several areas in which continued operation of programs vitally important to this Hospital and to the community would be impaired by the loss of Dr. Ornato. This Division, the Hospital and many of our constituents respectfully request that all possible consideration be given to allowing him to remain here.

Sincerely yours,



Stephen Scheidt, M.D.

Acting Head, Division of

Cardiology, The New York Hospital

Associate Professor of Medicine

Cornell University Medical

College

SS: CW

A-43



# EMPIRE STATE AMBULANCE SERVICE, INC.

EXECUTIVE OFFICES  
420 EAST 72nd STREET  
NEW YORK, N.Y. 10021  
212-794-3220  
212-794-3211

SERVICE OFFICES  
528 EAST 70th STREET  
NEW YORK, N.Y. 10021  
212-794-3200  
212-794-3201

December 3, 1975

TO WHOM IT MAY CONCERN:

We are writing to request that Dr. Joseph Ornato be permitted to delay his induction into the armed forces. Dr. Ornato presently provides unique and vital services for Empire State Ambulance Service, Inc., a Life Support Systems Company. We are the only private ambulance service with professionally trained 24-hour paramedics who have the expertise and equipment to take the life support measures of the hospital emergency room to the victims of heart attacks and serious bodily injury. As our program has evolved, Dr. Ornato functions significantly in several capacities. First, he is the physician at The New York Hospital who is directly responsible for supervising the therapy administered by the paramedics via sophisticated radio-telemetry. Second, at the present time, Dr. Ornato heads the training of all paramedics at The New York Hospital. The quality of Empire State's response to the public is naturally determined by the quality of our paramedics. Thus far, Dr. Ornato has established and maintained a level of excellence unmatched in the metropolitan area. We are, therefore, quite concerned at the possibility of having to replace him. To our knowledge, there are few physicians with his ability to instruct others in the principles and practices of paramedicine.

Finally, we are embarking upon another necessary and unique venture in the public dissemination of emergency life support - the training of employees in on-the-spot life support measures before the arrival of trained paramedics. The success of this program, mandated at least in part by the Occupational Safety and Health Act, once again depends upon the quality of instruction provided by Empire State instructors, themselves trained by Dr. Ornato. The loss of his services at this critical point would be difficult to sustain.

We respectfully request that careful consideration of Dr. Ornato's unique role in the distribution of vital emergency medical services in the metropolitan area be carefully weighed.

Sincerely,

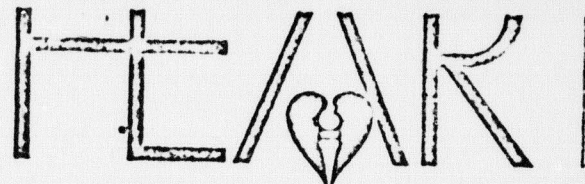
Edward A. Friedman  
President

EAJ/ps

EXHIBIT  
A-4

A-44

AN AFFILIATE OF THE  
AMERICAN HEART ASSOCIATION  
HEART HOUSE  
TWO EAST 64th STREET  
NEW YORK, N.Y. 10021  
TELEPHONE 212 838-8800



April 8, 1976

Commander  
U.S. Army Reserves Components  
St. Louis, Missouri

Re: Joseph Ornato, M.D.  
041-40-2836

Dear Sir:

I am writing with regard to Dr. Joseph Ornato's request to be released from his obligation for military service with the U.S. Army.

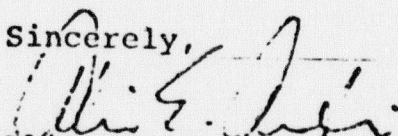
Dr. Ornato performs a unique service in New York City with regard to Emergency Care, especially with regard to training programs and the development of such programs. New York City's emergency medical care facilities are underdeveloped at this point in history, especially in regard to what we now know and accept as standard medical practice in this country.

He is currently working with one of the few paramedic programs in the city: the Empire Ambulance Service. He supervises the work of these paramedics and their training directly. He is often the link between what happens on the scene where the paramedics are attending a victim and the hospital base. The quality of care which is delivered is dependent on his work.

Because of his training, his experience, his interest and enthusiasm, Dr. Ornato is uniquely qualified for this task. Other organizations in the city, such as the Training Committee of the Regional Medical Emergency Services Council and the New York Heart Association's Instructor Training Program in Cardiopulmonary Resuscitation have depended on his expertise.

We should miss him sorely if he should enter military service at this time.

Sincerely,

  
Alice E. Austin, Program Assistant  
to the Emergency Cardiac Care/  
Cardiopulmonary Resuscitation Committee

AEA:mm

EXHIBIT

A-5

A-45

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL  
OF NEW YORK CITY

40 WEST 57TH STREET, NEW YORK, N. Y. 10019

TELEPHONE 582-1460

WALTER F. PIZZI, M.D.  
CHAIRMAN

ALISON L. WEBB  
EXECUTIVE DIRECTOR

February 27, 1976

Lt. General Richard Richard Taylor  
Surgeon General  
United States Army  
Washington, D.C. 20000

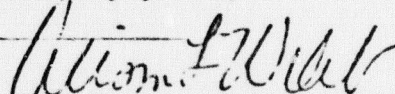
Dear General Taylor:

In New York City today, the need for greatly improved emergency medical services is acute. Although replete with hospitals and physicians with an array of specialties, the quality of emergency medical services available to our citizens is mediocre to poor. Almost unsurmountable bureaucratic problems, acute financial crisis, and deterioration of city services have created a situation in which pre-hospital care has been neglected for many years.

Recent federal and state legislation, combined with the efforts of The Regional Emergency Medical Services Council of New York City, Inc., has given great impetus in the past two years to the need, and indeed the possibility for improving emergency services. One of the major areas in pre-hospital care needing much attention is the training of ambulance technicians and paramedics. Dr. Joseph P. Ornato is one of a handful of physicians in New York City who is qualified to teach ambulance personnel the skills and techniques now required by state law.

In addition to his hospital and teaching duties, Dr. Ornato is one of two physicians on the highly important Training Committee of the Regional EMS Council. His expertise and input are invaluable to the work of this Committee. Without his personal contribution, much of the needed work in training, setting standards, and developing curriculum for ambulance personnel would not be met.

Sincerely yours,



ALISON L. WEBB  
Executive Director

ALW:ev

Exhibit A-6

A-46

THE MEDICAL SOCIETY OF THE COUNTY OF NEW YORK

40 WEST 57TH STREET, NEW YORK, N. Y. 10019

TELEPHONE JUDSON 2-5838

March 26, 1976

Linden E. Schuyler  
MAJ, GS  
Chief, Delayed Officer Branch, PAD  
United States Army Reserve Components  
Personnel and Administration Center  
P. O. Box 1248  
St. Louis, MO 63132

RE: Delay and/or Discharge From Active Duty  
Joseph Ornato, M. D.  
Service No. 041-40-2836

Dear Major:

As set forth in the letter by Doctor Melville A. Platt, executive director of New York Hospital, the present work of Doctor Joseph Ornato as medical director of the paramedic program of the New York Hospital is unique in the New York City area.

Although our society has many cardiologists, Doctor Ornato is the only one that we are aware of who is trained to direct a paramedic team program of this type. It is my understanding that New York Hospital's paramedic program is the only one of its kind in Manhattan. This being the case, I can state that there is no doctor in our area with similar qualifications to take his place without undergoing an extensive period of training.

Sincerely yours,

ALBERT S. LYONS, M. D.  
Secretary

Exhibit A-7

A-47

## THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF MEDICINE  
DIVISION OF CARDIOLOGY

May 20, 1976

Linden E. Schuyler, Major, GS  
Delayed Officer Branch  
Personnel Actions Division  
Department of the Army  
Office of the Adjutant General  
Reserve Components Personnel and Administration Center  
St. Louis, Missouri 63132      Re: AGUZ-PAD-DO Ornato, Joseph  
041-40-2836

Dear Major Schuyler:

I have been requested by Dr. Ornato to furnish the following information:

1. The details of his employer's efforts to fill Dr. Ornato's position both before and after he occupied it;
2. Details of training necessary to qualify someone to replace him.

As to (1) above:

The paramedic service was set up in 1972. From its inception to the present date the only full-time director that has been found by the hospital to take over responsibility for operation of the program and the training of paramedics has been Dr. Ornato. We have found no other individual during this period who has the qualifications, ability and desire to take over the responsibilities involved.

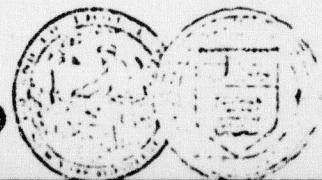
In 1972 when the program was initiated it was under the joint direction of Dr. Joseph Hayes and Ms. Christina Haas, Clinical Instructor in Nursing at the hospital. While both Dr. Hayes and Ms. Haas did an admirable job in organizing and setting up the program, they were unable to administer it effectively due to their other primary responsibilities at the hospital. Neither of them desired to or were capable of taking over the direction of the program on a full-time basis.

In June, 1973, the Medical Board of The New York Hospital set up a committee of physicians to make recommendations with regard to improving the program and to assist in its running. It was determined at that time that the program was suffering because of the lack of a full time director and efforts were made to find one.

In February, 1974, the Medical Committee reported on its evaluation of

EXHIBIT  
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A-48



## THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF MEDICINE  
DIVISION OF CARDIOLOGY

- 2 -

the paramedic program and made the following recommendation to the Medical Board of The New York Hospital:

"Fixed medical responsibility must be established, preferably resting in one individual, with in-put from an "Ambulance Board" as outlined in Dr. Clark's recommendations of the Ad Hoc Committee on Emergency Care ... Medical coverage of paramedic runs must be changed ... The current system is and has been unsatisfactory, and even detrimental to the paramedic program ... Constant availability of physicians is essential."

Thus as of February, 1974, the program had still not found a full-time director and as a result, as the recommendation indicates, the system was "unsatisfactory and even detrimental".

In March, 1974, a new committee was appointed to oversee the running of the paramedic program "until a full-time director could be appointed". While the Committee consisted of eminent physicians in a variety of medical and surgical specialties, none of them was able to devote full-time attention to the program because of other primary commitments at the hospital and their own private practices and it was clearly a stop-gap measure. The situation continued and in August, 1974, the paramedic program began to deteriorate further. In fact, in August of that year the following recommendation was made:

"Paramedic service should be immediately suspended because of inadequate and inconsistent medical direction, evaluation and follow-up, as well as inadequate numbers of paramedics."

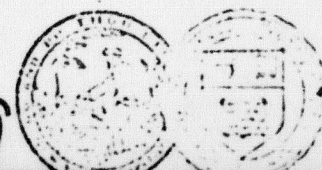
To restart paramedic service, the following recommendations remain:

"Until a Director of Emergency Services is selected, a pro tem medical director of the ambulance paramedic service should be appointed to review tapes of each run, organize physician coverage of calls, and generally monitor care."

Notwithstanding this recommendation, no director could be found until Dr. Ornato took over responsibility for the program in October, 1975. Thus, for three years the hospital sought to find a properly trained individual who would be able to take on full-time responsibility for the administration and operation of the paramedic program. Only Dr. Ornato met the criteria.

As a result of our experience since 1972, we believe we can state that

A-49



## THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF MEDICINE  
DIVISION OF CARDIOLOGY

- 3 -

finding a replacement for Dr. Ornato will be almost impossible. If Dr. Ornato were to leave now, the program would once again become essentially leaderless. Whether it would take another three years to find a new director is of course problematic. In any event, our prior experience indicates that during the interim the care dispensed by our program will deteriorate which may lead to needless loss of life.

As to (2) above:

As to the training necessary to replace Dr. Ornato, we consider the following qualifications essential:

- a) a physician with Board Certification in Internal Medicine who has completed training in Cardiology. Thus a minimum of five years post-graduate training is necessary.
- b) advanced instructor status in both basic and advanced life support, as certified by the American Heart Association, is mandatory.
- c) knowledge of mechanical circulatory assist devices (such as the intra-aortic balloon pump) and other advanced emergency cardiac techniques which we now employ in a specially constructed Intensive Cardiac Care van staffed and run by the emergency paramedic teams.
- d) experience in emergency medical techniques and the ability to set up and conduct training programs necessary to maintain the proper level of paramedic care.
- e) familiarity and working knowledge of telemetry bio-communications systems.
- f) experience in administering a hospital program.

The need for experience in training paramedics and devising emergency treatment systems should not be underrated. That is a critical aspect to the success of our current program and, in fact, Dr. Ornato is now in the midst of establishing a paramedic training course to be financed in part by New York State and which will be subscribed to by hospitals in the Metropolitan area. It is anticipated that this course will require over 300 hours of classroom instruction plus practical workshops and any physician who would replace Dr. Ornato would have to be able to assume

A-50



## THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF MEDICINE  
DIVISION OF CARDIOLOGY

- 4 -

such a responsibility.

In addition to the criteria set forth above, there is the very important requirement that the physician be able to undertake the rigors of running a 24-hour paramedic program with its immense responsibilities. It should also be pointed out that as Dr. Ornato has improved the paramedic program, its size and capabilities have been increased as well as the complexity of its operations. Thus a new director would have to be able to pick up the program at its present level which would require, at the very least, one to two years of experience in a similar program.

We do not have the ability to train a replacement for Dr. Ornato at this time because of the lack of qualified applicants and limited funds. At present and at least for the next year or two, our paramedic program is completely dependent on Dr. Ornato. We hope with his administration and organizational abilities that in time the program will not be dependent on the abilities of one man. As of now, however, it is, and in fact even when Dr. Ornato takes short time vacations, the program suffers.

We hope the above has answered your questions. If further information is necessary we shall be happy, of course, to furnish it.

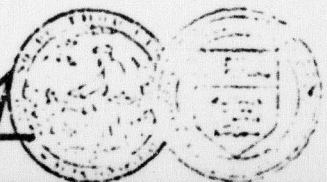
Thank you for consideration of our request.

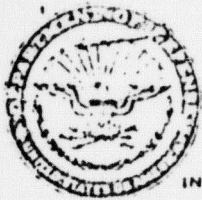
Very truly yours,



Stephen S. Scheidt, M.D.  
Acting Head, Division of  
Cardiology

A-51





DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
RESERVE COMPONENTS PERSONNEL AND ADMINISTRATION CENTER  
ST. LOUIS, MO 63132

IN REPLY REFER TO:

AGUZ-PAD-DO Ornato, Joseph P.  
041 40 2836

17 JUN 1976

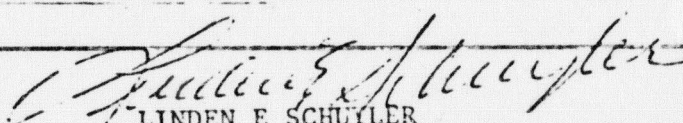
SUBJECT: Community Hardship

Captain Joseph P. Ornato  
1101 Midland Avenue, APT 323  
Bronxville, NY 10708

1. This is in response to your letter dated 9 February 1976 with supporting documents requesting exemption from active duty based upon community hardship.
2. The Department of the Army Delay and Exemption Board has reviewed your request utilizing established criteria. Your request has been disapproved for the reasons stated in the attached Record of Proceedings of Board of Officers.
3. You, your employer, or both may appeal this decision to the Department of the Army, Office of the Adjutant General, ATTN: DAAG-LR, Washington D. C. 20310 if you feel it is erroneous or unjust. If an appeal of this action is submitted, such appeal must be received in the office of the Adjutant General not later than 15 days from the date of this letter and should explain facts which you feel may not have received full or proper consideration. You may provide additional documentation if you so desire.

FOR THE COMMANDER:

1 Incl  
as

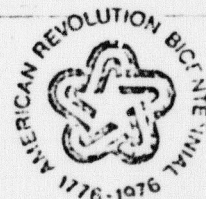
  
LINDEN E SCHUTLER

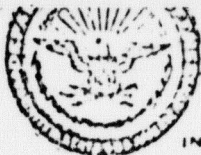
MAJ, GS

Chief, Delayed Officer Branch,  
Personnel Actions Division

EXHIBIT  
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A-52





OFFICE OF THE ADJUTANT GENERAL  
RESERVE COMPONENTS PERSONNEL AND ADMINISTRATION CENTER  
ST. LOUIS, MO 63132

IN REPLY REFER TO  
AGUZ-RPC-JA Ornato, Joseph P.  
041-40-2836

5 JUN 1976

MEMORANDUM FOR RECORD:

SUBJECT: Board Proceedings

1. Pursuant to letter, Headquarters, Department of the Army, RCPAC, dated 25 March 1976 subject: "Appointment of Department of the Army Delay and Exemption Board," a board of officers was convened at 1100 hours 4 June 1976 at St. Louis, Missouri.
2. The Board met to review and make recommendations in the delay/exemption application (AR 601-25) of CPT Joseph P. Ornato, 041-40-2836.
3. The following members of the Board were present:  
  
WIMSETT, WILLARD B., 352-22-7166, COL, MC (PRESIDENT)  
PERKINS, GORDON R., 228-44-3374, MAJ, GS  
MATTHEWS, RONALD M., 145-24-5620, MAJ, GS  
NEWMAYER, LAWRENCE W., 546-72-7914, CPT, JAGC (RECORDER W/O VOTE)
4. The other members of the Board were absent with the concurrence of the President and convening authority.
5. The Board members were polled to determine whether any member had prior knowledge of this case that would prejudice his ability to render a fair and impartial decision. This poll revealed that no member of the quorum had any prior knowledge of the case.
6. Findings: Having carefully considered the facts and documents submitted by CPT Joseph P. Ornato, 041-40-2836 incidental to his appeal application, the Board finds that Dr. Ornato is not essential to his community, for the following reasons:
  - (1) Other cardiologists in the New York metropolitan area could have been and could be trained to fill Dr. Ornato's positions.
  - (2) Therefore, whether or not other persons are willing to assume those posts and whether or not the community wishes to allocate the funds necessary



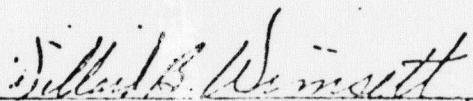
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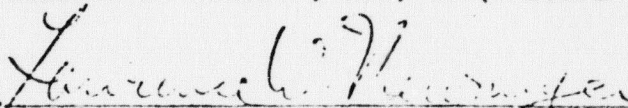
to attract and train a replacement are matters of the internal traits and policies of the New York metropolitan area generally and Manhattan specifically.

(3) Consequently, Dr. Ornato can be replaced and other persons can perform his services within the terms of paragraph 2-19a, AR 601-25.

7. Recommendation(s): In view of the above findings, the Board recommends disapproval of CPT Ornato's request for exemption from active duty.

8. The Board adjourned at 1200 hours 4 June 1976.

  
WILLARD B. WIMSETT, COL, MC (PRESIDENT)

  
LAWRENCE W. NEUMEYER, CPT, JAGC (RECORDER  
W/O VOTE)

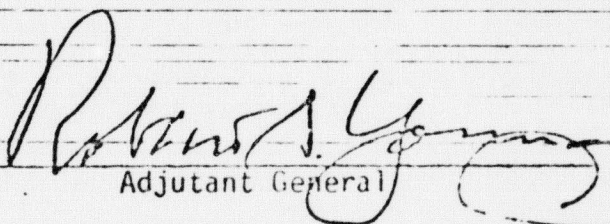
9. Dissenting Vote(s):

None

10. Action by Convening Authority:

The recommendation of the Board is approved for the reasons stated by the Board.

BY ORDER OF THE SECRETARY OF THE ARMY:

  
Adjutant General

DISTRIBUTION:  
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Copy - RCPAC, PAD

A-54

☒ X .Y AND EXEMPTION BOARD SUMM  
☐ AR 135-90 DELAY APPEAL BOARD SUMMARY

1. NAME Ornato, Joseph P.

DATE IN: 24 May 76

2. Designated Board Members:

- a. (Member) COL Wimsett
- b. (Member) MAJ Perkins
- c. (Member) MAJ Matthews
- d. (Member)
- e. (Member)
- f. (Recorder w/o vote) Lawrence W. Newmeyer, CPT, JAGC

3. Reports for duty

4. ETS

5. Recording of case:

Based on ability to train ambulance technicians

a. Individuals extenuation: and paramedics and manage emergency medical aid system. Dr. Ornato essentiality supported by Med Society of County of New York - while many cardiologists practice in area Dr. Ornato is the only one who is trained to direct a paramedic program.

b. Recorder's summary: the only one of its kind in Manhattan - there is no doctor in the area with similar qualifications to take his place without extensive training period. The paramedic program was set up in 1972 under a doctor and the Clinical Instructor in Nursing at the hospital but were unable to administer it effectively due to their primary responsibilities and did not desire to take over on full time basis. In 1973 a committee of physicians was appointed to assist in running the program but it was decided they need a full time director - in 1974 the program was to be suspended until a Director of Emergency was selected who could review taxes of each run - organize physician coverage of calls and monitor case; Dr. Ornato was selected in Oct '75. He directs the only mobile coronary and intensive care unit facility in the NY metropolitan area - can be summoned by general public as well as physicians - the unit is in radio communication with NY hospital at scene or during transport with Dr. Ornato as the only link between scene and hospital base. Hospital does not have ability to train a replacement

6. Date case closed and dispatched

A-55

☒ 2. A. Y AND EXEMPTION BOARD SUMMARY  
☐ AR 135-90 DELAY APPEAL BOARD SUMMARY

1. NAME Ornato, Joseph P.

DATE IN: 24 May 76

2. Designated Board Members:

- a. (Member) \_\_\_\_\_
- b. (Member) \_\_\_\_\_
- c. (Member) \_\_\_\_\_
- d. (Member) \_\_\_\_\_
- e. (Member) \_\_\_\_\_
- f. (Recorder w/o vote) \_\_\_\_\_

3. Reports for duty \_\_\_\_\_ 4. ETS \_\_\_\_\_

5. Recording of case: \_\_\_\_\_ for Dr. Ornato - for at least one to two years,  
a. Individuals extenuation: \_\_\_\_\_  
the paramedic program depends entirely on Dr. Ornato.

b. Recorder's summary: The Board voted 3-0 to deny the application. Other  
cardiologists in the NY area could have been and could be trained to fill Dr.  
Ornato's positions. Whether or not other persons in the New York area wish to  
assume such positions, and whether or not the community wishes to allocate the  
funds necessary to attract and train a replacement are therefore matters of the  
internal traits and policies of New York and Manhattan. Therefore, Dr. Ornato can  
be replaced and other persons can perform his services within the terms of  
AR 601-25, paragraph 2-19a.

WILLARD B. WIMSETT, COL, MC (PRESIDENT)

GORDON R. PERKINS, MAJ, GS

RONALD M. MATTHEWS, MAJ, GS

LAWRENCE W. NEWMYER, CPT, JAGC (RECORDER W/O VOTE)

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6. Date case closed and dispatched \_\_\_\_\_

## THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF MEDICINE  
DIVISION OF CARDIOLOGY

June 25, 1976

Department of the Army  
Office of the Adjutant General  
Washington, D.C. 20310

Attention: DAAG-LR

Re: Appeal of Army Delay and  
Exemption Board Decision

Dear Sirs:

Please be advised that pursuant to notice mailed me on June 17, 1976 I hereby appeal from the decision of the Army Delay and Exemption Board denying my request for community hardship discharge based upon the reasons stated in the report of proceedings.

I believe the decision to be erroneous and unjust based upon the documentation previously furnished.

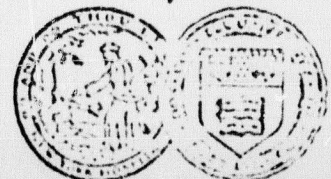
The reasons given by the Board are not substantiated by the evidence submitted to the Board. The documentation I have submitted substantiates that there are no other physicians available to fill the position I maintain at the Hospital and that were I to leave at this time the Program would be severely impaired. It further establishes that the program is essential to the community. In fact a review of the summary by the Recorder amply sets forth the evidence.

The decision by the Board appears to be speculative and unjustly derogatory of the good people of the City of New York. I cannot answer for the "internal traits and policies of New York" nor can I be responsible for how New York City allocates its funds, particularly in the crisis it now faces. The fact remains, however, that the Paramedic Program at New York Hospital is an essential one; that without it some citizens of the City will needlessly die, and at the present time the Program is dependent upon my supervision. That one day other cardiologists may desire

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EXHIBIT  
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A-57



## THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF MEDICINE  
DIVISION OF CARDIOLOGY

-2-

June 25, 1976

to enter the field to be trained as I have, will not answer the immediate problem of whether the Paramedic Program can continue to operate if I am required to enter on two years active duty service.

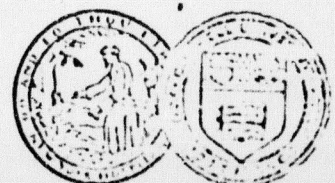
I hope that the Army will reconsider the decision of the Board and grant my appeal.

Very truly yours,

*Joseph P. Ornato, M.D.*  
Joseph Ornato, M.D.

Certified Mail -  
return receipt requested

A-58





DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL AND THE ADJUTANT GENERAL CENTER  
WASHINGTON, D.C. 20314

DAAG-LR Ornato, Joseph P.  
041 40 2836

26 JAN 1977

CPT Joseph P. Ornato, USAR  
1101 Midland Avenue, Apt 323  
Bronxville, NY 10708

Dear Captain Ornato:

This is in reply to your letter and that of Doctor Melville Platt who joined in your appeal of the decision rendered by the Department of the Army Delay and Exemption Board concerning your request for exemption from performing active duty due to alleged community hardship.

Your appeal, the letters submitted in behalf of the community served by the New York Hospital Paramedic Service, and the findings and recommendations of the Board have been carefully considered. The medical support requirements of a major metropolitan area, as described in your letters, and the contribution you may make in satisfying them are appreciated. However, it is the policy of the Army to require that medical service performed by a physician when requesting exemption from active duty based on community hardship, be not only necessary to the health, safety and welfare of its citizens, but be under such circumstances that the requester cannot be replaced by another person who could perform this service.

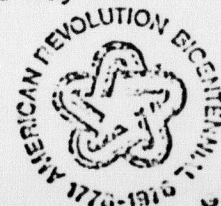
It is unfortunate that the New York Hospital has experienced difficulty in recruiting for this position due to limited funds and interested applicants, but criteria established by the Army for use in determining the validity of community hardship claims requires that the service rendered by the applicant cannot be performed by other physicians residing in the area. With the concentration of Cardiologists in New York City and skills necessary to accomplish the several tasks associated with the position described in your letter, your request does not meet this criteria.

The purpose of the Army's community hardship provision in regulations is not to reallocate the medical resources of the country but to insure that vital health services are not completely disrupted by the removal of an individual who cannot be replaced. While your services performed in this role may be



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A-59



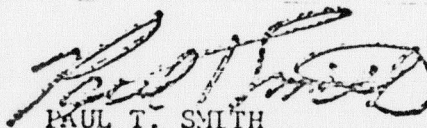
DAAG-LR Ornato, Joseph P.  
041 40 2336

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desirable, it is clear that the community will not be denied the benefits of effective emergency medical care upon your departure. Therefore, your appeal has been denied.

Accordingly, you will be required to report to Fort Eustis, Virginia on the date indicated in the active duty orders now in your possession.

Sincerely,



PAUL T. SMITH  
Major General, USA  
The Adjutant General

A-60

# THE NEW YORK HOSPITAL

Chartered 1771

525 EAST SIXTY-EIGHTH STREET

NEW YORK, N.Y., 10021



EXECUTIVE ASSOCIATE DIRECTOR

August 3, 1976

Honorable Jacob K. Javits  
Senate Office Building  
Washington, D.C.

Re: Doctor Joseph P. Ornato

Dear Senator Javits:

I have just been advised by the United States Army that our appeal on behalf of Doctor Ornato to be delayed and/or discharged from call to active duty by reason of community essentiality has been denied. I attach for your information the statement of denial which, I must note, is simply just a restatement of the denial by the Board that originally considered Doctor Ornato's case.

I believe that the findings by the Army are contrary to the fact and as a result will severely impair the Hospital's paramedic program, the only 24-hour operation now available in New York City. I ask your help to review this matter.

The Army's ostensible rationale that Doctor Ornato can be replaced because there are other cardiologists in New York is fallacious. Unless the cardiologist is trained in the administration of paramedic techniques, is able to administer a 24-hour paramedic program, is capable of training paramedics and devising emergency treatment systems, he/she cannot, at this point, replace Doctor Ornato. Since the program's inception in 1972 we have had cardiologists attempt to run the program and, in fact, even had a board of physicians oversee the operation which proved unsatisfactory in all respects. A cardiologist cannot take over the operation of this program unless he has been properly trained and has the unique dedication of Doctor Ornato. There are, to our knowledge, no other cardiologists with the necessary training, qualifications, and dedication available to undertake supervision of this program. Certainly our own experience from 1972 to the present is actual proof of the impossible task we face in trying to find a replacement for Doctor Ornato. He has been the only director we have found who has been able to make the program work and who has undertaken to expand it so it will reach more and more New Yorkers.

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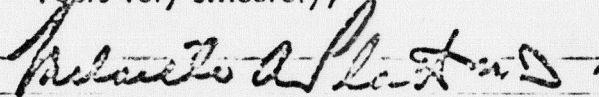
A-61

The finding by the Army that the "Community will not be denied the benefits of effective emergency care upon your departure" is contrary to our experience and the documentary evidence in the file. The County Medical Society, The Heart Association, and the Regional Emergency Medical Services Council all agree with our assessment of both the need and the importance of this program to the city. Without Doctor Ornato the program will not be effective. Our own past experience is ample proof of the difficulty that the Hospital will encounter in trying to find a replacement and in trying to operate a paramedic service for the residents of this city.

The fact that there are other cardiologists in the New York area does not mean there are replacements for Doctor Ornato. Statistically alone, only half of all cardiologists are even Board Certified in Internal Medicine and only 9.7 % have adequate sub-specialty training in cardiology. According to another study of the professional activities of the American Cardiologists it has been stated that only about 1.8% of the cardiologists' time is devoted to emergency care. Since the paramedic program requires that the physician be Board eligible in cardiology and have substantial experience and training in emergency care, it should be clear that mere reference to the number of cardiologists in New York City is a meaningless statistic with regard to the problem that faces The New York Hospital Paramedic Service.

We ask your most urgent attention to this matter since Doctor Ornato is now scheduled to leave on August 5th. We know that you will do all that you can and we thank you in advance for your efforts.

Yours very sincerely,



Melville A. Platt, M.D.  
Executive Associate Director  
The New York Hospital

MAP:ats

A-62

National ratio of primary cardiologists\* per 100,000 population<sup>1</sup> = 5.6

Ratio of primary cardiologists\* per 100,000 popul. in major cities<sup>2</sup> =

|                 |       |
|-----------------|-------|
| New York City   | = 5.6 |
| Los Angeles     | = 4.0 |
| Philadelphia    | = 5.1 |
| Balt/Washington | = 5.8 |
| Boston          | = 6.6 |
| San Francisco   | = 4.3 |
| Miami           | = 9.0 |
| Denver          | = 5.0 |

\* Primary cardiologist defined as spending more than 50% of time with cardiac patients (without regard to the physician's training or certification). Only 54.1% of cardiologists are even certified in the broader specialty of Internal Medicine; only 9.7% have subspecialty boards (or sufficient training to qualify) in Cardiology.<sup>3</sup>

Average Daily Activity Time of Cardiologists in the U.S.A.<sup>4</sup>

Direct patient care

|                        |          |
|------------------------|----------|
| Unspecified            | 3.1%     |
| Hospital               | 20.9%    |
| Office                 | 27.2%    |
| Emergency care****     | 1.8%**** |
| Lab work               | 5.3%     |
| Extended care          | 0.6%     |
| Patient records        | 6.7%     |
| Teaching               | 9.7%     |
| Research               | 4.5%     |
| Professional           | 10.4%    |
| General administration | 9.8%     |

Thus, a profile of the nation's cardiologists discloses that less than 2% of the average cardiologist's time is spent on emergency work.

Furthermore, the concept of pre-hospital emergency treatment is so recent that virtually no cardiologists have had any experience in this area. (See March 26, 1976 letter of Albert S. Lyons from the New York County Medical Society attesting to this fact)

Need for cardiologists in the New York area: (From American Heart Association<sup>5</sup>)

1. There were 1,484,000 victims of heart disease in New York City alone in 1973 (latest figures available). This is a larger number of victims than 49 of the 50 states. If the remainder of New York state is included, there are twice as many patients as any other state in the union.
2. There will be an estimated 41,400 deaths from cardiovascular disease in New York City alone in 1976. This is a larger number than 44 of the 50 states in the union. Again, if the remainder of N.Y. State is included, we easily have the highest number of deaths from cardiovascular disease in the United States.
3. Over half of cardiac deaths are sudden (within 2 hours): est. 25,000 in NYC/yr.

References:

1. Abelmann, W. Cardiologic Manpower Resources and Their Distrib. American Journal of Cardiology. Vol. 36, p. 550. Oct. 31, 1975.
2. Pritchard, W. and Abelmann, W. Current Status of Manpower in Cardiology. Amer. J. of Cardiology. Vol. 34, p. 413. Oct. 1, 74.
3. Pritchard, W. and Abelmann, W. Same as ref. 2, page 412.
4. Swan, H. and Gifford, R. Current Profile of the Professional Activities of the American Cardiologist. Amer. J. Cardiology. Vol. 34, p. 423. Oct. 1, 1974.
5. "Heart Facts" from the American Heart Association (booklet), 1975.

A-63

July 1, 1976

Senator James Buckley  
United States Senate  
Washington, D.C.

Dear Senator Buckley:

I am writing to bring to your attention the recent ruling by the Department of the Army against Dr. Joseph Ornato's application for hardship discharge. (See attached)

The Regional Emergency Medical Services Council of New York City's membership incorporates all individuals and organizations responsible for the delivery of emergency medical services in the City of New York. No other organization can address itself to the need for physicians capable of improving the EMS system with more authority. I cannot impress upon you more strongly the dearth of physicians with the qualifications to train paramedic teams. Dr. Ornato's continued input into the Training Committee of the Council, in addition to the direction of paramedic teams, is indeed a crucial one in New York City today.

The membership of the Regional Council join with me in urging you to read the attached correspondence and to work toward the release of Dr. Ornato from this military service.

Sincerely yours,

WALTER F. PIZZI, M.D.  
Chairman

WFP:ev

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A-64

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

JOSEPH P. ORNATO,

Plaintiff,

76 Civ. 3456

-against-

AFFIDAVIT

MARTIN HOFFMAN, SECRETARY OF THE  
ARMY, and COMMANDING OFFICER,  
RESERVE COMPONENTS PERSONNEL,

Defendants.

STATE OF NEW YORK )  
                          ( ss.:  
COUNTY OF NEW YORK )

STEVEN J. HYMAN, being duly sworn, deposes and says:

I am a member of the firm of Kunstler & Hyman, attorney  
for the plaintiff herein and submit this affidavit in support of  
plaintiff's application for preliminary injunction.

Attached hereto is the affidavit of Frederick Hewitt,  
paramedic of New York Hospital, and the statements of Dr. Michael  
Herman, Chief of Cardiology at Mt. Sinai Hospital and Dr. Stephen  
Scheidt, Acting Head of the Division of Cardiology at New York  
Hospital. Said documents are submitted in support of plaintiff's  
motion for preliminary injunction.

It is further requested that this Court grant a hearing  
on the issues presented herein to the extent that same may be  
required in the interests of justice.

WHEREFORE, it is respectfully requested that this motion  
be in all respects granted.

Sworn to before me this  
12th day of August, 1976.

*Patricia Mazza*

PATRICIA MAZZA  
NOTARY PUBLIC, State of New York  
No. 24-7781625  
Qualified in Kings County  
Commission Expires March 30, 1979

*Steven J. Hyman*  
Steven J. Hyman

A-65

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

JOSEPH P. ORNATO,

Plaintiff,

76 Civ. 3456

-against-

(W.C.C.)

MARTIN HOFFMAN, SECRETARY OF THE  
ARMY, and COMMANDING OFFICER,  
RESERVE COMPONENTS PERSONNEL,

AFFIDAVIT

Defendants.

STATE OF NEW YORK )  
                          ( ss.:  
COUNTY OF NEW YORK )

FREDERICK HEWITT, being duly sworn, deposes and  
says:

I am a resident of the County of Queens, City and  
State of New York and make this affidavit with regard to the  
status of Dr. Joseph Ornato, Director of the New York Hospital  
Paramedic Service.

I am an advanced medical technician duly certified  
by the State of New York. I am presently employed with the Empire  
State Ambulance Service and the New York Hospital Paramedic  
Service.

As an advanced medical technician I have been trained  
under the auspices of the New York State Health Department in  
advanced coronary care so that I may give emergency treatment to  
cardiac victims at the scene. At New York Hospital there are  
approximately 13 persons holding the same status that I do as  
advanced medical technicians and I believe that throughout the  
rest of New York City there are approximately 12-15 other such  
individuals active in paramedic activities.

The New York Hospital Paramedic Service is, to my  
knowledge, the only 24-hour paramedic program in the City of New  
York and we are the only program to provide such service for the

A-66

entire New York Hospital community. It is my belief that Dr. Joseph Ornato is essential to the continued operation and success of the New York Hospital Paramedic Service and that without his supervision, direction and administration the service will deteriorate and as a result people will die. I make this statement because of the experience I have had as one of the few advanced medical technicians in the entire City of New York and having been with the New York Hospital Paramedic Program since its inception in 1972. The basis for my belief is set forth below.

From the inception of the program in 1972 to the end of 1975 when Dr. Ornato came on as head of the program, I was able to see the operation of the paramedic program and participate in it. Until Dr. Ornato came, the program lacked direction and professionalism, which had a direct impact on the level of care that could have been dispatched. The program lacked effectiveness because the paramedics could not turn to any particular physician for guidance, were denied the use of drugs and equipment necessary to giving effective on-the-scene care to cardiac arrest victims and were forced to rely on the hit-or-miss efforts of a particular paramedic team and resident on duty at the time. While I believe we were initially well trained by New York Hospital, the level of care to on-the-scene cardiac victims suffered because we had no effective, standardized method of reporting the condition of the victim in to the physician in charge. We had no one physician with whom we could work so that we were dependent on the residents who rotated and who were unfamiliar with our program and untrained in the dispensing of emergency cardiac care over radio-telephone. Our program suffered, further, because of our inability to give drugs and to use equipment such as esophageal airway. In fact, the inability to use the esophageal airway was often critical to whether the particular victim we were helping lived or died since once aspiration took place, death was almost a foregone conclusion.

The significance of Dr. Ornato's appearance in the program cannot, in my estimation, be underrated. Had someone like Dr. Ornato not come into the program when he did, I believe I would have resigned in dismay over the ineffectiveness of the program, and I believe that should Dr. Ornato leave at this juncture, I may be forced to the same choice, again.

When Dr. Ornato came into the program he made an effort to determine the needs of the program, to review the abilities of the paramedics and to see the manner in which the program could be effectively administered. Since he assumed directorship and implemented new procedures, both educationally and in the field, the following significant changes have taken place in the program:

(1) We now have a standardized form and procedure for reporting in on the condition of a cardiac victim so that precious minutes are saved in reporting the vital signs and physical features of the victim. This format was developed by Dr. Ornato and, as I understand it, is now being sought after by other programs.

(2) Dr. Ornato took 24-hour charge of the paramedic program so that any time we responded to a cardiac victim we contacted him. In conjunction with the bio-phone and review of EKG's, he was able to give spontaneous direction as to the medical treatment to be rendered.

(3) Dr. Ornato instituted the use of the esophageal airway which we were previously prohibited from using because of the lack of supervision by the physician in charge, and which, in my estimation, has made the difference in the saving of lives of numerous victims.

(4) Dr. Ornato instituted a continuing educational program which he has personally run and which has significantly expanded our abilities to treat cardiac arrest victims.

(5) We were permitted to carry drugs which aided patients in seizures, alleviated pain and saved lives.

(6) The administration of the program and the morale of the paramedics improved tremendously, which in itself resulted in a greater percentage of lives saved.

About the best proof that I can give of the effectiveness of Dr. Ornato coming on the program is that since January we have saved the lives of cardiac victims who were found in cardiac arrest and who, but for the system developed by Dr. Ornato and our skill's in administering it, would have died before being transported to the hospital. The factors of the esophageal airway, the speed in communication between Dr. Ornato and the paramedic team, the use of drugs and the more efficient skills of the paramedics under Dr. Ornato's supervision and training were the factors that contributed to the saving of these lives. Without these factors it is my belief from prior experience that each of these patients would be dead today.

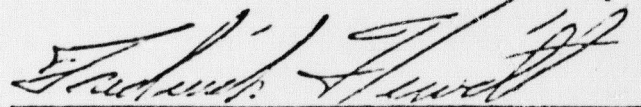
The state of emergency treatment for cardiac victims in the City of New York is deplorable, if not criminal. There are approximately 25 working paramedics in this City of over 8 million people. In Los Angeles statistical data indicates that there are over 300 paramedics and in Seattle there are over 200 paramedics. Thus Seattle, a city with a population of approximately 1 million has over 8 times the number of paramedics as New York City. Yet New York City has the highest number of patients with cardiac disease and the highest number of deaths from cardiac disease of any city in the country.

The fact that Dr. Ornato is the first full-time doctor that the largest paramedic program in the City of New York has been able to find is, I believe, proof of the lack of qualified physicians able to undertake direction of the program. Dr. Ornato established a continuing education course for us and was in the

process of establishing a complete training program for paramedics so that the number in the City of New York could be substantially increased. He has proved himself effective in developing and running this 24-hour paramedic system, yet the very moment it can be expanded so that more and more victims may be helped, the Army seeks to take him and place him in Ft. Eustis, Virginia, in an 80-bed hospital.

I am advised that the United States Army has indicated that Dr. Ornato can be replaced because there are other cardiologists in the City of New York. While I am not a physician and do not possess such expertise, I can state from my experience that the mere fact that a physician is a cardiologist does not qualify him to administer and operate the paramedic program. I have been called on emergency runs to physicians' offices where I have found victims suffering from heart attack or even in cardiac arrest. On these occasions it has been my experience that the physician was unable to give proper direction and guidance to the paramedic team. Similarly, in dealing with cardiology residents, I have found that they are not trained in this unique field and cannot establish the coordination that is vital to the functioning of the paramedic program.

I believe that our program is essential to the well-being of the community, that Dr. Ornato is essential to the continuation of our program and that he cannot be replaced at this time. I therefore request that he be granted the relief requested.

  
Frederick Hewitt

Sworn to before me this  
12th day of August, 1976

  
BEST COPY AVAILABLE

A-70



MOUNT SINAI SCHOOL OF MEDICINE  
of The City University of New York  
FIFTH AVENUE AND 100TH STREET • NEW YORK, N.Y. 10029



MICHAEL V. HERMAN, M.D.  
Professor, Department of Medicine  
Chief, Division of Cardiology

TELEPHONE (212) 650-7785

August 10th, 1976

To Whom It May Concern:

As a Director of a cardiology training program at a major academic center in the United States, I have been asked to comment on the type of training necessary and qualifications for a director of a paramedical emergency service. Basically, a cardiologist requires full training in internal medicine and two years of training in cardiology. A cardiology training program includes rotations through services which give experience in coronary care, consultative cardiology, non-invasive testing including echocardiography, phonocardiography, electrocardiography, etc., cardiac catheterization with experience in hemodynamics and angiography, and a general experience caring for cardiovascular patients. In addition, if an individual chooses a career in academic medicine, a training period in clinical research and an experience in teaching is also a prerequisite. If one were to take on the additional duties of the direction of a paramedical emergency service, additional training would be required in advanced life-support, rescue techniques, experience in dealing with trauma, and finally an experience in dealing with paramedical personnel and their training. Thus, I would consider the director of a paramedical emergency service as a highly specialized individual and feel that only a very select group of physicians would qualify for such a position.

In general, I feel that a standard cardiology fellowship training program does not acquaint the trainee with many of the techniques needed for a paramedical service. Thus, an additional training period of perhaps six months to one year would be necessary to qualify an individual for this type of position.

I, therefore, feel that an individual who is currently directing a paramedical emergency service in a major hospital fulfills a very important task and would be very difficult to replace.

Sincerely yours,

MICHAEL V. HERMAN, M.D.

MVH/sg

A-71

## THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF MEDICINE  
DIVISION OF CARDIOLOGY

August 13, 1976

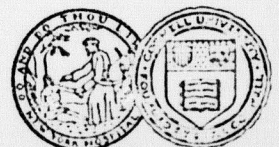
To Whom it may Concern:

I have been asked to comment on the qualifications required for effective direction of a paramedic emergency service. I am Board Certified in Internal Medicine and Cardiology, have been an academic physician engaged in full time teaching and research for the past eight years at Cornell University Medical College, have been Director of the Coronary Care Unit of the New York Hospital since 1970, and Acting Head of the Division of Cardiology, responsible for all Cardiology training at the New York Hospital-Cornell Medical Center, since 1974.

In spite of the above, I have had no particular experience with emergency or prehospital cardiac care, nor any in the training and direction of paramedic emergency personnel. I am not certified in either Basic or Advanced Life Support by the Criteria of the American Heart Association. I have had no experience with rescue techniques, and none whatever in dealing with trauma since my emergency room experience as an intern, almost ten years ago. I am totally unfamiliar with the training program for Emergency Medical Technicians or Paramedics, and without considerable preparation would be adequately equipped to teach only those sections of such a training program dealing with clinical cardiology, arrhythmias and coronary care.

Finally, as Director of the Cardiology Fellowship Training Program at Cornell, I can attest to the fact that many of

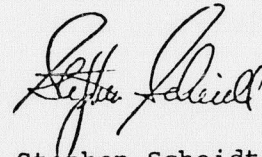
A-72



August 13, 1976

the techniques used by paramedic services are not part of the usual curriculum of Cardiology trainees and it is likely that most cardiologists, as I, would not be equipped to direct a paramedic program without extensive additional specialized training.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Stephen Scheidt".

Stephen Scheidt, M.D.  
Associate Professor of  
Medicine, Cornell University  
Medical College  
Acting Head, Division of  
Cardiology, The New York  
Hospital

SS:CW

A-73

.....X

Plaintiff.

- against -

Defendants.

AFFIDAVIT

76 Civ. 3456 (WCC)

STATE OF NEW YORK )  
COUNTY OF NEW YORK : ss.:  
SOUTHERN DISTRICT OF NEW YORK )

MICHAEL H. DOLINGER, being duly sworn deposes and says:

1. I am an Assistant United States Attorney in the office of Robert B. Fiske, Jr., United States Attorney for the Southern District of New York, counsel to Defendants.

2. I submit this affidavit in opposition to plaintiff Dr. Joseph P. Ornato's motion for a preliminary injunction to prevent his call-up to active duty in the United States Army. This affidavit is made on information and belief, based upon my review of the Army's Official Military Personnel File on Dr. Ornato. A certified copy of the file is submitted as Exhibit A to this affidavit. (Citations that follow are to pages of the file.)

3. This action for injunctive relief was commenced following the affirmation by the Adjutant General of a decision by the Army's Delay and Exemption Board denying plaintiff's application for exemption

A-74

from his voluntarily assumed obligation, as an Army Reserve officer, to serve for two years on active duty. The application was denied because it did not meet the criteria for exemption or delay specified in the governing Army regulations.

Plaintiff's Active-Duty Obligation

4. Plaintiff is an officer in the United States Army Reserve, presently holding the rank of captain. ( A-91) He was commissioned in November 1971 as a first lieutenant after graduating from medical school. ( A-102 ) At his request, he was granted permission to delay his active duty until the completion of his post-graduate training in internal medicine and cardiology. This delay was granted under a Defense Department program, known as the Berry Plan, which provides for deferment to complete residency training. (A-PP. 96-97 )

5. At the time of his voluntary enrollment in the Army Reserve, plaintiff made the following pledge:

"I will enter on active duty for a period of 2 consecutive years upon expiration of the period of delay from order to active duty to complete residency or other post doctoral training, irrespective of reaching age 35, unless I previously incurred an active duty obligation of greater length." ( A- p. 105)

6. The specific period of delay that was authorized in plaintiff's case was four years, comprising two years training in internal medicine and two years in cardiology. Thus plaintiff was to commence active duty after June 30, 1976. ( A - p. 96 )

A-75

7. Under Army regulations, plaintiff was required to and did obtain separate approval for each year's delay, based in each case upon his successful pursuit of the prior year's course of study.

( p. A-86, p.A-89, p. A-93) In each of his three requests for continuation of his Berry Plan deferment, plaintiff agreed as follows:

"I hereby agree and consent that if I am appointed a Reserve officer in the Medical, Dental or Veterinary Corps. . . and subject to further orders of the Secretary of the Army, I shall serve on active duty for a period of 2 consecutive years upon expiration of the period of delay in being ordered to active duty to complete residency or other post doctoral training."

The last of these requests -- for his second and final year of cardiology residency -- was submitted January 27, 1975.

Plaintiff's Exemption Application

8. On February 9, 1976, approximately five months before he was scheduled to commence active duty, plaintiff applied for an exemption based upon community hardship. The reason he gave for this request was his indispensability as the director of a para-medical program at New York Hospital, where he was completing his residency.

( A pp. 17-21 )

9. Because of the absence of required documentation, the application could not be processed, and plaintiff therefore submitted a new application on April 9, 1976, with the required documents. ( A -pp. 17-47 )

A-76

10. After obtaining additional information from plaintiff ( A-pp. 48-51, 82) the Army's Delay and Exemption Board met on June 4, 1976 and rejected plaintiff's application because it failed to meet the requirements of AR 601-25 that "the service cannot be performed by other physicians residing in the area" and that the applicant "cannot be replaced in the community by another person who can perform the medical . . . service." ( A -PP. 53-56 ) In essence, the Board concluded that, given the supply of cardiologists in the New York Metropolitan area, qualified personnel could be found to perform plaintiff's services.

11. On June 25, 1976, plaintiff and the hospital appealed the Board's decision to the Adjutant General. ( A- PP. 80, 57-8 ) To permit the appeal to be decided before plaintiff was required to report, his reporting date was postponed from July 7 to August 5, 1976. ( A - P. 77 )

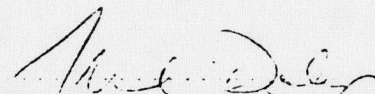
12. On July 29, 1976, the Adjutant General denied plaintiff's appeal, concluding that "the community would not be denied the benefits of effective emergency medical care upon [plaintiff's] departure." ( A- pp. 59-60 )

13. This action was brought to challenge these denials of plaintiff's application for an exemption. To facilitate matters in this litigation, the Army has again delayed plaintiff's reporting date, this time from August 5 to August 16, 1976.

CONCLUSION

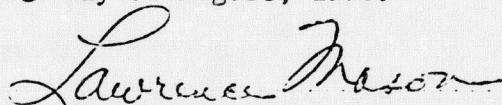
14. The decisions of the Delay and Exemption Board and the Adjutant General were based upon their conclusions that the services performed by plaintiff could be performed by others and that plaintiff's departure would not deprive the community of effective emergency medical care. These decisions were made pursuant to procedures fully consistent with the governing Army regulations.

15. Based upon the foregoing and the accompanying Memorandum of Law, it is respectfully requested that this Court deny plaintiff's motion for a preliminary injunction.



MICHAEL H. DOLINGER ✓  
Assistant United States Attorney

Sworn to before me this  
13 day of August, 1976.



Notary Public

LAWRENCE MASON  
Notary Public, State of New York  
No. 65-1971890  
Qualified in Bronx County  
Commission Expires March 24, 1977

A-78

DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
U. S. ARMY RESERVE COMPONENTS PERSONNEL AND ADMINISTRATION CENTER  
ST. LOUIS, MISSOURI 63132

AGUZ-PAD- DO

LETTER ORDERS NUMBER A-04-74867

30 April 1976

A-79  
SUBJECT: Order to Extended Active Duty - ARNGUS or USAR Officer (Voluntary)

JOSEPH P ORNATO  
1101 Midland Ave Apt 323  
Bronxville NY 10708

041 40 2836 CPT MC(P) SSI: 60H9C

USAR Control Group (OADO)  
RCPAC

TC 112. The above individual is, with his/her consent, ordered to ACTIVE DUTY in the grade held as a reserve officer of the Army. Individual is assigned as indicated and will proceed from his current location in sufficient time to report as indicated on the date specified.

ADMINISTRATIVE ACCOUNTING DATA

Auth: Title 10, U. S. Code, subsection 672(d)

Alloc: Jul-A-9414

ECR: 151 Helen St., Hander CT 06514

PL RAD/CAD: Same as SNL

FTW: TF

Component: USAR

Sex: Male

PCS INC: 1AOT

CIC: NA

Ass to Act dy Access Det: Fifth U. S. Army, ATTN: AFKB-PA-RS, Ft Sam Houston, TX 78234

Eff date (Act dy Access Det): 5 July 1976

FOR THE INDIVIDUAL

Effective date of active duty: To be determined at first duty station

Active duty commitment: Obligated volunteer officer 2 years

Temporary duty enroute at: NA

Reporting date (TDI station): NA

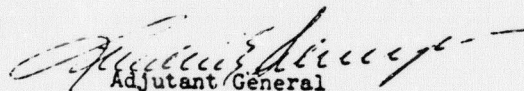
Period of temporary duty: NA

Purpose of temporary duty: NA

Reporting date (TDY station): NA  
Period of temporary duty: NA  
Purpose of temporary duty: NA  
Temporary duty enroute at: NA  
Reporting date (TDY station): NA  
Period of temporary duty: NA  
Purpose of temporary duty: NA  
Assigned to: USA MEDDAC (HSW2K1) Ft Eustis VA 23604  
Reporting date: NST & NLT 7 July 1976  
Leave data: NA  
Availability date: NA  
Port call data: NA  
Special Instructions: a. Comply with the following numbered items of DA Supplemental Instructions (Appendix B AR 310-10): 16, 32, 39, 80, 81, 82, 51

b. Comply with the following lettered items of RCPAC Supplemental Instructions: FE.  
Individual is relieved from USAR Control Group (OADO), RCPAC, on the effective date of active duty.  
By direction of the President announcement is made of the temporary advancement and commissioning of  
CPT JOSEPH P ORNATO, 041 40 2836, MC-USAR as MAJOR in the AUS, UP DA  
Letter, TAGO, AGDA (M) (25 Aug 70) MEDPT-R, HQDA, 23 Sep 70, SUBJECT: Active Duty Grades for Medical  
Corps Officers, and title 10, US Code sections 3202, 3442, and 3447, effective on date of entry on active  
duty with rank and promotion eligibility date as of date of entry. In accordance with Chap 2, AR 623-105,  
commanders will insure that a US Army Officer Evaluation Report (DA Form 67-7) is submitted on subject officer  
on completion of 120 days in a single principal duty assignment. You or your agent are required to report  
to the family housing/housing referral office servicing your new duty station before renting or leasing any  
off-post housing. Travel by POV authorized. (S) SSI: 61F9B, (D) SSI: 60H9C.

BY ORDER OF THE SECRETARY OF THE ARMY:

  
Adjutant General

DISTRIBUTION: 30 Officer concerned, 1 OMPF, 1 MPRJ, 1 AGUZ-SOD-PB, 3 AGUZ-PAD-DO  
\* 5 CDR, Fifth USA, ATTN: AFKB-PA-RS, Ft Sam Houston, TX 78234, 2 CDR, FIRST US Army, ATTN: AFKA-PA-ROA,  
\* 10 CDR, USA MEDDAC, Ft Eustis VA 23604 1 Instl PO, Ft Eustis VA 23604  
1 HQDA (DAPC-PSS-D), 8 CDR, AMEDDPERSA, ATTN: SGPE-PD3, Wash DC 20314

Pakcet 2a (For MR & Other Admin Purposes)  
AGUZ FL 271 - 1 May 78

0  
A-79a

# THE NEW YORK HOSPITAL

Chartered 1771

525 EAST SIXTY-EIGHTH STREET

NEW YORK, N. Y., 10021



EXECUTIVE ASSOCIATE DIRECTOR

July 2, 1976

Department of the Army  
Office of the Adjutant General  
Washington, D.C. 20310

Attention: DAAG-LR

Re: Appeal of Army Delay and Exemption Board Decision

Gentlemen:

We have been advised that the request that Dr. Ornato be exempted from active duty and discharged by reason of community hardship has been denied. As his employer we hereby appeal that decision of denial.

We have previously submitted to the United States Army for its consideration a complete statement on the nature of Dr. Ornato's work, why his continued availability is critical, and documentation on the difficulty, if not impossibility, of replacing him at this time. We respectfully refer you to the documentation already submitted.

We wish to emphasize, however, that the Paramedic Program headed by Dr. Ornato is the only 24-hour service offered in the City of New York and since its inception in 1972, Dr. Ornato is the first full-time director we have been able to find. As a result of his activities, the program has been operating effectively, has grown in size and scope, and can be directly attributed to saving numerous lives. At its present stage of development the program is dependent upon the supervision and administration provided by Dr. Ornato.

We therefore request that you consider this appeal and grant our request that Dr. Ornato be released from call to active duty.

Yours very sincerely,

Melville A. Platt, M.D.

A-80

01 01 16 0930Z PP PP UUUU

81  
June 76

CDRRCFAC STL MO//AGUZ-PAD-DO

HQDA (DAAG-LR)  
Washington, DC 20310

INFO: HQ (SGPE-PDM)  
Washington, DC 20314

UNCLAS

1. Joseph P. Ornato, 041-40-2836, request for exemption from active duty based upon community hardship has been disapproved, repeat, disapproved by the Department of the Army Delay and Exemption Board, RCPAC. Notification IAW DA Message 141533Z June 1973.
2. Officer scheduled to report for active duty on 7 July 1976 assigned to USA MEDDAC Ft Eustis VA 23604.
3. Reason for disapproval: Doctor Ornato is not essential due to other Cardiologists <sup>off</sup> in the area and his service can be replaced by other persons residing in the area.

SCHAEFER/PAD-DO/16 June 76/7396

LINDEN E SCHUYLER, MAJ, GS, CH DOB, PAD

A-81

82

AGUZ-PAD-DO Ornato, Joseph P.  
241 40 2836

5 MAY 1976

CPT Joseph P Ornato  
1101 Midland Avenue, Apt 323  
Bronxville, NY 10708

Dear Captain Ornato:

This is in reference to your letter with supporting documents, requesting exemption from active duty based upon alleged community hardship.

Your application was returned by the Department of the Army Delay and Exemption Board, requesting you provide more detailed information so that your request may be considered on an equitable basis in accordance with applicable Army regulations.

The additional information requested by the Board is as follows:

(1) The details of your employer's efforts to fill your position both before and after you occupied it; and (2) details of the training necessary to qualify someone to replace you.

Please forward the above requested information to this Center, ATTN: AGUZ-PAD-DO, as soon as possible to expedite the processing of your request. A return envelope is inclosed for your convenience.

Sincerely,

LINDEN E SCHUYLER  
MAJ, GS  
Chief, Delayed Officer Branch,  
Personnel Actions Division

A-82

14

# DISPOSITION I DRN

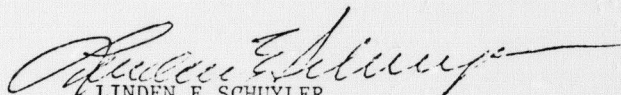
For use of this form, see AR 340-15; the proponent agency is The Adjutant General's Office.

|   |                    |                              |       |
|---|--------------------|------------------------------|-------|
| REFERENCE OR OFFICE SYMBOL                      | SUBJECT            |                              |       |
| AGUZ-PAD-DO<br>Ornato, Joseph P.<br>041 40 2826 | Community Hardship |                              |       |
| TO  | FROM               | DATE                         | CMT 1 |
| DA Delay and Exemption Board<br>PAD-DI          | PAD-DO             | 28 APR 1976<br>HARTY/sw/7386 |       |

1. Attached letter from Captain Joseph P. Ornato with supporting documents requesting exemption from active duty and discharge from U.S. Army Reserve based upon alleged community hardship is forwarded for review and consideration.

2. Captain Ornato is a member of the Berry Plan. He voluntarily accepted an appointment as First Lieutenant, Medical Corps, U.S. Army Reserve on 5 November 1971 under the provisions of the Armed Forces Physicians' Appointment and Residency Consideration Program (Berry Plan). He was authorized a delay from active duty until 30 June 1976 to complete residency training in cardiology.

1 Incl  
Ltr dtd 7 Feb 76 w/incls

  
LINDEN E SCHUYLER  
MAJ, GS  
Chief, Delayed Officer Branch,  
Personnel Actions Division

A-83

84

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

150 EAST 68th STREET, NEW YORK, N.Y. 10021

DEPARTMENT OF MEDICINE  
DIVISION OF CARDIOLOGY

PAD-DO

9 Apr

April 7, 1976

Commander  
United States Army Reserve Components  
Personnel and Administration Center  
P.O. Box 1248  
St. Louis, Missouri 63132

Attention: AGUZ-PAD-DO

Re: Joseph P. Ornato  
Service No. 041-40-2836

Dear Sir:

I am in receipt of your letter advising me of the documentation needed with regard to my request for community hardship discharge. I am securing the additional letters required and am presently awaiting a statement from the New York County Medical Society to verify the information you requested. I hope to have all this information to you by next week. However, the exact time period is in the control of the Medical Society.

I appreciate your continued cooperation in this matter.

Very truly yours

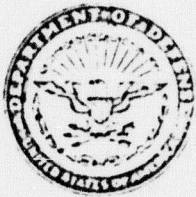
*Joseph P. Ornato*  
Joseph Ornato, M.D.

JO SKT

BEST COPY AVAILABLE

A-84





DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL

U.S. ARMY RESERVE COMPONENTS PERSONNEL AND ADMINISTRATION CENTER  
ST. LOUIS, MISSOURI 63132

IN REPLY REFER TO

AGUZ-PAD-DA

02 MAY 1975

SUBJECT: Delay of Entry on Active Duty

A. JUNE 1976

CPT ORNATO JOSEPH P  
041 40 2836 MC  
1101 MIDLAND AVE 323  
BRONXVILLE NY 10708

Your application for renewal of your annual delay under the Armed Forces Residency Training Program (Berry Plan) for the purpose of continuing your residency training is approved. You are granted delay until date shown after A above.

FOR THE COMMANDER:

*Billy Labever*

BILLY LABEVER  
LTC, AR

Chief, Delayed Officer Mgt Branch  
Personnel Actions Division

DISTRIBUTION:

- 1 - Officer
- ✓ 1 - MPRJ
- 1 - OMPF
- 1 - OTSG, Wash., D.C.

A-85

87  
51

REQUEST AND HOSPITAL AGREEMENT FOR CONTINUATION  
OF BERRY PLAN DEFERMENT -- FOR RESIDENCY TRAINING

TO: Commanding General

U.S. Army Reserve Components Personnel and Administration Center  
P. O. Box 12469, Olivette Branch  
St. Louis, Missouri 63132

7 FEB 1975

(INSTRUCTIONS)

Complete Part I and II and return form in triplicate to above address.

PART I (REQUEST FOR CONTINUATION OF DEFERMENT)

Social Security Number

041-40-2836 ✓

Date of Graduation from Medical School

1971

A.

Joseph

Asquith

Ornato M.D. ✓

desire to continue my

residency training in

CARDIOLOGY ✓

B.

I, \_\_\_\_\_, do not intend to

continue my residency training.

Current Mailing Address (Zip Code)

approved until  
Jun 76 13 Feb 75  
CS

1101 Middle Ave Apt 222

✓ Bronxville N.Y.

10703

1-27-75

(Present Date)

✓ Joseph P. Ornato M.D.

(Signature of Official)

PART II (STATEMENT OF HOSPITAL OFFICIAL)

Joseph P. Ornato M.D.

(Name)

has been accepted for his

2nd

(2nd, 3rd, etc)

year of residency training in

CARDIOLOGY

(Specialty)

for the year

beginning

July 1, 1975

(Date)

Length of approved training in this specialty at this

hospital is

2

years.

(No. of yrs)

X Stephen S. Schmitt

(Signature)

1/27/75

(Date)

HOSPITAL NAME AND ADDRESS

(Street, City, State & Zip Code)

New York Hospital - Cornell Medical  
Center

525 East 68th St.

N.Y., N.Y. 10021

NAME AND TITLE OF HOSPITAL OFFICIAL

Stephen S. Schmitt, M.D.

Acting Director of Cardiology

AGU 2 Form

1 Aug 71

1048

A-86

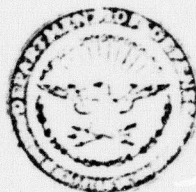
51

AGREEMENT FOR CONTINUATION OF BERRY PLAN  
DEFERMENT - FOR RESIDENCY TRAINING (AR 135-50)

I hereby agree and consent that, if I am appointed a Reserve officer in the Medical, Dental, or Veterinary Corps (as applicable) and subject to further orders of the Secretary of the Army, I shall serve on active duty for a period of 2 consecutive years upon expiration of the period of delay in being ordered to active duty to complete residency or other post doctoral training. After completing the active duty obligation, I further agree and consent to remain a member of the Army Reserve until such time as I have fulfilled my military obligation or this contractual agreement, whichever is the later date.

If I am not ordered to active duty, I further agree that, upon completion of my civilian professional training, I will remain a member of the Ready Reserve for a period of 3 years, or until completion of my Ready Reserve Statutory obligation, whichever is the later date. In the event I discontinue my training, I agree and consent to being ordered to active duty and, subject to the further orders of the Secretary of the Army, I shall serve on active duty as a commissioned officer for a period of 2 consecutive years.

A-87



DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL

U S ARMY RESERVE COMPONENTS PERSONNEL AND ADMINISTRATION CENTER  
ST. LOUIS, MISSOURI 63132

IN REPLY REFER TO

AGUZ-PAD-DA

05 MAY 1974

SUBJECT: Delay of Entry on Active Duty

A- JUNE 1975

CPT ORNATO JOSEPH P  
041 40 2836 MC  
1101 MIDLAND AVE 323  
BRONXVILLE NY 10708

Your application for renewal of your annual delay under the Armed Forces Residency Training Program (Berry Plan) for the purpose of continuing your residency training is approved. You are granted delay until date shown after A above.

FOR THE COMMANDER:

*Norman L. Davis, Jr.*  
NORMAN L. DAVIS, JR  
Captain, AGC  
Asst Adjutant

DISTRIBUTION:

- 1 - Officer
- 1 - MPRJ
- 1 - OMPF
- 1 - OTSG, Wash, D.C.

A-88

52

90/

1

REQUEST AND HOSPITAL AGREEMENT FOR CONTINUATION  
OF BERRY PLAN DEFERMENT -- FOR RESIDENCY TRAINING

TO: Commanding General

U.S. Army Reserve Components Personnel and Administration Center  
P. O. Box 12468, Olivette Branch  
St. Louis, Missouri 63132

(INSTRUCTIONS)

Complete Part I and II and return form in triplicate to above address.

PART I (REQUEST FOR CONTINUATION OF DEFERMENT)

Social Security Number

041 - 40 - 2336

Date of Graduation from Medical School

May 1971

A. I, Joseph Rescuable Ornato, M.D.,  
(Full Name) desire to continue my  
residency training in Cardiology.

B. I, \_\_\_\_\_, do not intend to  
continue my residency training.

Current Mailing Address (Zip Code)

1101 Midland Ave. Apt. 323  
Bronxville, N.Y. 10703

February 5, 1974

(Present Date)

(Signature Officer)

PART II (STATEMENT OF HOSPITAL OFFICIAL)

Joseph D. Ornato, M.D.  
(Name)

has been accepted for his 2nd year of residency training in Cardiology (2nd, 3rd, etc) 16

(Specialty) for the year

beginning July 1, 1974 (Date) Length of approved training in this specialty at this

hospital is 2 years.  
(No. of yrs)

Thomas Killip 2/7/74  
(Signature) (Date)

HOSPITAL NAME AND ADDRESS  
(Street, City, State & Zip Code)

New York Hospital  
525 East 68th Street  
New York, N. Y. 10021

NAME AND TITLE OF HOSPITAL OFFICIAL

Thomas Killip M.D.  
Head, Division of Cardiology

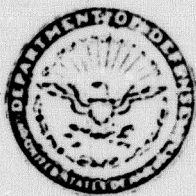
A-89

AGREEMENT FOR CONTINUATION OF BERRY PLAN  
DEFERMENT - FOR RESIDENCY TRAINING (AR 135-50)

I hereby agree and consent that, if I am appointed a Reserve officer in the Medical, Dental, or Veterinary Corps (as applicable) and subject to further orders of the Secretary of the Army, I shall serve on active duty for a period of 2 consecutive years upon expiration of the period of delay in being ordered to active duty to complete residency or other post doctoral training. After completing the active duty obligation, I further agree and consent to remain a member of the Army Reserve until such time as I have fulfilled my military obligation or this contractual agreement, whichever is the later date.

If I am not ordered to active duty, I further agree that, upon completion of my civilian professional training, I will remain a member of the Ready Reserve for a period of 3 years, or until completion of my Ready Reserve Statutory obligation, whichever is the later date. In the event I discontinue my training, I agree and consent to being ordered to active duty and, subject to the further orders of the Secretary of the Army, I shall serve on active duty as a commissioned officer for a period of 2 consecutive years.

A-90



DEPARTMENT OF THE ARMY

OFFICE OF THE ADJUTANT GENERAL

U.S. ARMY RESERVE COMPONENTS PERSONNEL AND ADMINISTRATION CENTER

ST. LOUIS, MISSOURI 63132

IN REPLY REFER TO

AGUZ-PD-PN

SUBJECT: Promotion as a Reserve Commissioned Officer of the Army under  
Title 10 of the United States Code (AR 135-155)

CPT ORNATO JOSEPH P  
SSAN: 041-40-2636 MC-USAR  
1101 MIDLAND AVE 323  
BRONXVILLE NY 10708

A - 28 MAY 74  
B - NOV

1. By direction of the President, you are promoted as a Reserve commissioned officer of the Army effective on the date shown after A above to the grade in the branch and component shown in address above.
2. Time in grade for promotion to the next higher grade will be computed from the effective date of this promotion, unless there is a date shown after B above, in which case it will be computed from that date.
3. No acceptance or oath of office is required. Unless you expressly decline this promotion within 60 days, your promotion will be effective as shown after A above.

LOUIS J. PROST  
Brigadier General, USA  
Commanding

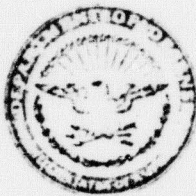
DISTRIBUTION:

1 - Officer concerned

1 - OMPF

✓ 1 - MPRJ

A-91



DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL

U. S. ARMY RESERVE COMPONENTS PERSONNEL AND ADMINISTRATION CENTER  
ST. LOUIS, MISSOURI 63132

IN REPLY REFER TO

AGUZ-PAD-DA

07 MAY 1973

SUBJECT: Delay of Entry on Active Duty

A- JUNE 1974

1LT ORNATO JOSEPH P  
041 40 2836 MC  
1101 MIDLAND AVE 323  
BRONXVILLE NY 10708

Your application for renewal of your annual delay under the Armed Forces Residency Training Program (Berry Plan) for the purpose of continuing your residency training is approved. You are granted delay until date shown after A above.

FOR THE COMMANDER:

*Norman L. Davis, Jr.*  
NORMAN L. DAVIS, JR  
Captain, AGC  
Asst Adjutant

DISTRIBUTION:

- 1 - Officer
- ✓ 1 - MPRJ
- 1 - OMPF
- 1 - OTSG, Wash, D.C.

A-92

56

REQUE AND HOSPITAL AGREEMENT FOR CON UATION  
OF BERRY PLAN DEFERMENT -- FOR RESIDENCY TRAINING

-91/17

TO: Commanding General

U.S. Army Reserve Components Personnel and Administration Center

P. O. Box 12468, Olivette Branch

St. Louis, Missouri 63132

(INSTRUCTIONS)

Complete Part I and II and return form in triplicate to above address.

PART I (REQUEST FOR CONTINUATION OF DEFERMENT)

Social Security Account Number

041-40-2836

Date of Graduation from Medical School

May 1971

A. I. Joseph P. Ornato, M.D. (Full Name), desire to continue my

residency training in Internal Medicine - Cardiology

B. I. \_\_\_\_\_, do not intend to  
continue my residency training.

Current Mailing Address (Zip Code)

approved  
until Jun 74  
en

(Present Date)

(Signature Officer)

PART II (STATEMENT OF HOSPITAL OFFICIAL)

Joseph P. Ornato, M.D. (Name)

has been accepted for his 2nd (2nd, 3rd, etc)

year of residency training in Internal Medicine (Specialty) for the year

beginning July 1, 1973 (Date). Length of approved training in this specialty at this

hospital is 4 years. (No. of yrs)

Fenton Schaffner MD 1/30/73  
(Signature) (Date)

HOSPITAL NAME AND ADDRESS  
(Street, City, State & Zip Code)

Mount Sinai Hospital  
100th St. & 5th Ave.  
New York, N.Y. 10029

NAME AND TITLE OF HOSPITAL OFFICIAL

Fenton Schaffner, M.D.  
Professor and Acting Chairman  
Department of Medicine  
Mount Sinai Hospital

A-93

AGREEMENT FOR CONTINUATION OF BERRY PLAN  
DEFERMENT - FOR RESIDENCY TRAINING (AR 135-50)

I hereby agree and consent that, if I am appointed a Reserve officer in the Medical, Dental, or Veterinary Corps (as applicable) and subject to further orders of the Secretary of the Army, I shall serve on active duty for a period of 2 consecutive years upon expiration of the period of delay in being ordered to active duty to complete residency or other post doctoral training. After completing the active duty obligation, I further agree and consent to remain a member of the Army Reserve until such time as I have fulfilled my military obligation or this contractual agreement, whichever is the later date.

If I am not ordered to active duty, I further agree that, upon completion of my civilian professional training, I will remain a member of the Ready Reserve for a period of 3 years, or until completion of my Ready Reserve Statutory obligation, whichever is the later date. In the event I discontinue my training, I agree and consent to being ordered to active duty and, subject to the further orders of the Secretary of the Army, I shall serve on active duty as a commissioned officer for a period of 2 consecutive years.

A 94



DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
U. S. ARMY RESERVE COMPONENTS PERSONNEL AND ADMINISTRATION CENTER  
ST. LOUIS, MISSOURI 63132

IN REPLY REFER TO

STATEMENT OF PHYSICAL CONDITION FOR PROMOTION

If you have undergone an official medical examination within the last four years, a statement of physical fitness is required before your promotion can be accomplished. Complete and return the statement below within 30 days after the date shown on the letter which was forwarded with this form.

I now consider myself sound and well. I was considered physically qualified for military service at the time of accomplishment of my last official medical examination on or about Nov 1971 at

Selective Service Ind. P. A. 8 and there has been no change in my medical fitness. To the best of my knowledge and belief, I have no physical defects or conditions, except as noted below, which would preclude the performance of military duty.

I have inclosed the appropriate written evaluation of these defects or conditions by a health care specialist as specified on the reverse side of this form. I understand that my medical fitness status for military service will remain as currently documented in my file pending your receipt and evaluation of the statement from the health care specialist.

Joseph P. Orato, MD  
Signature

Joseph P. Orato, MD  
Name Typed or Printed

1LT  
Grade

Army  
Branch

041-40-2A36  
Social Security Number

March 20, 1973  
Date

1101 M. Leland Ave. Apt. 3-23  
Brownsville, TX 77801  
Current Permanent Address

☐ Check this box if address above is different from address shown on letter forwarded with this form.

A-95



DEPARTMENT OF THE ARMY  
OFFICE OF THE SURGEON GENERAL  
WASHINGTON, D.C. 20314

REPLY TO  
ATTENTION OF:

DASG-PTP-D

2 OCT 1972

1LT Joseph P. Ornato, MC, USAR  
1101 Midland Avenue, Apt. 3A2  
Bronxville, New York 10708

Dear Doctor:

This is to confirm the approval of your deferment under the Berry Plan. Participants in the Berry Plan are deferred for the minimum number of years required for board eligibility as listed for the specialty program in the Directory of Approved Internships and Residencies of the American Medical Association. The items listed below pertain to your deferment:

|   |             |
|---|-------------|
| Berry Plan Group:                         | Group I     |
| Specialty:                                | Cardiology  |
| Programmed entry on<br>active duty after: | 1 July 1976 |

Should you desire to change your program or specialty, it will be necessary to obtain approval from this office through the Commanding General, Reserve Components Personnel and Administration Center, ATTN: DOMB (PAD-DA), P. O. Box 12468, St. Louis, Missouri 63132, as soon as possible. Forms for the subsequent annual renewal of your residency training will be furnished to you in the fall of each year by the CG, RCPAC.

I trust this information will assist you in your future planning.

Sincerely yours,

DONALD B. TOWNAIN  
Major, MC  
Personnel and Training

Copy Furnished:  
RCPAC v/33 1451

OTSG FL 31, 1 Apr 72

A-96

69  
ARMY

| MUST BE<br>TYPED   |   | REQUEST FOR DELAY FOR RESIDENCY TRAINING |  | Form Approved<br>Budget Bureau No. 22-R0148 |                       |
|--|---|--|--|---|-----------------------|
| For use by physicians selected by the Department of Defense to delay their active duty until completion of residency training.<br>Return this form, after Part I and Part II have been properly executed, to:<br>Assistant Secretary of Defense (H & E) ATTN: Berry Plan Office, Pentagon, Washington, D. C. 20301   |   |  |  |   |                       |
| PART I - REQUEST FOR RESIDENCY TRAINING (To be completed by physician applicant)   |   |  |  |   |                       |
| 1  | DATE <u>4-1-76</u><br>(Day - Mo - Yr)   |  |  |   |                       |
| 2  | I HEREBY REQUEST THAT MY ACTIVE MILITARY SERVICE BE POSTPONED FOR COMPLETION OF TRAINING IN THE SPECIALTY OF <u>CARDIOLOGY</u> (the ultimate specialty for which training is desired) FOR A COMPLETE TRAINING PROGRAM TOTAL OF <u>4</u> YEARS; BROKEN DOWN WHERE APPROPRIATE, AS FOLLOWS: |  |  |   |                       |
| 3  | PRE-SPECIALTY (Yrs)   |  | SPECIALTY (Yrs)  |   | SUB-SPECIALTY (Yrs)   |
| 4  |   |  | <u>2 - INTERNAL MEDICINE</u>   |   | <u>2 - CARDIOLOGY</u> |
| 5  |   |  |  |   | TOTAL (Yrs) <u>4</u>  |
| 6  | I ANTICIPATE MY RESIDENCY TRAINING, AS LISTED ABOVE, WILL TERMINATE (Mo and Yr) <u>6-76</u> . IN THE EVENT I ELECT TO   |  |  |   |                       |
| 7  | CHANGE SPECIALTY, TRAINING HOSPITAL OR TERMINATE MY RESIDENCY TRAINING FOR ANY REASON, I WILL IMMEDIATELY   |  |  |   |                       |
| 8  | NOTIFY THE ABOVE CITED ADDRESSEE. <u>715987</u>   |  |  |   |                       |
| NAME OF PHYSICIAN (Must be typed)<br>(First-Middle-Last-Jr-Sr-etc.)<br><u>Joseph P. Ornato, M.D.</u>   |   |  | DATE OF GRADUATION <u>22-5-71</u><br>(Day-Mo-Yr)                                       |   |                       |
| STREET ADDRESS OF PHYSICIAN<br><u>1101 Midland Ave. Apt. 323</u>   |   |  | <input type="checkbox"/> MEDICAL SCHOOL <input type="checkbox"/> SCHOOL OF OSTEOPATHY  |   |                       |
| CITY-STATE-ZIP CODE<br><u>Bronxville, N.Y. 10708</u>   |   |  | SELECTIVE SERVICE NO. <u>6 8 47 941 041</u> SOCIAL SECURITY NO. <u>40 2336</u>         |   |                       |
|  |   |  | SIGNATURE OF PHYSICIAN<br><u>Joseph P. Ornato, M.D.</u>                                |   |                       |
| PART II - HOSPITAL AGREEMENT (To be completed by authorized hospital representative)   |   |  |  |   |                       |
| DELAYS ARE APPROVED FOR THE MINIMUM NUMBER OF YEARS REQUIRED FOR THE TRAINING PROGRAM OF THE HOSPITAL PROVIDING THE TRAINING, AS INDICATED IN THE "LIST OF APPROVED INTERNSHIPS AND RESIDENCIES" OR APPROPRIATE COMPARABLE OSTEOPATHIC PUBLICATION. IF THE LENGTH OF THE PROGRAM INDICATED EXCEEDS THIS, IT MUST BE EXPLAINED ON THE REVERSE SIDE OF THIS FORM TO AVOID DELAY IN FURTHER PROCESSING. THE TRAINING PROVIDED MUST MEET THE REQUIREMENTS FOR SPECIALTY BOARD CERTIFICATION. |   |  |  |   |                       |
| THE ABOVE NAMED PHYSICIAN HAS BEEN ACCEPTED BY THIS HOSPITAL FOR RESIDENCY TRAINING IN <u>Internal Medicine</u><br><u>Cardiology</u> (Name of specialty). THIS TRAINING WILL BEGIN <u>7/1/72</u> AND TERMINATE <u>6/30/76</u> .<br>(Day-Mo-Yr)   |   |  |  |   |                       |
| THE LENGTH OF THE APPROVED TRAINING TO BE SPONSORED BY THIS HOSPITAL IS <u>4</u> YEARS. ANTICIPATED DATE APPLICANT WILL MEET MINIMUM FORMAL RESIDENCY TRAINING REQUIREMENTS ESTABLISHED BY THE BOARD FOR CERTIFICATION IN SPECIALTY SPECIFIED ON LINE 3 PART I IS <u>6/30/76</u> . (Omit if all training is not to be sponsored by hospital sponsoring the first year)   |   |  |  |   |                       |
| IT IS THE UNDERSTANDING OF THIS HOSPITAL THAT THE ACTIVE MILITARY SERVICE OF THE ABOVE NAMED PHYSICIAN WILL BE POSTPONED FOR THE PURPOSE OF PERMITTING HIM TO COMPLETE THIS RESIDENCY TRAINING WHICH IS ESSENTIAL TO THE ARMED FORCES. THIS IN NO WAY BINDS THE HOSPITAL FOR CONTINUED TRAINING SHOULD THE PHYSICIAN PROVE UNSATISFACTORY.   |   |  |  |   |                       |
| IN THE EVENT THE PHYSICIAN PROVES UNSATISFACTORY OR FOR ANY REASON DISCONTINUES TRAINING IN THE ABOVE SPECIALTY THE HOSPITAL WILL NOTIFY THE ABOVE-CITED ADDRESSEE.  |   |  |  |   |                       |
| IT IS FURTHER UNDERSTOOD THAT, AS A RESERVE OFFICER ON INACTIVE DUTY, THIS PHYSICIAN RECEIVES NEITHER PAY NOR ALLOWANCES FROM THE ARMED FORCES AND IS, THEREFORE, ELIGIBLE TO ACCEPT THE NORMAL STIPEND PAID RESIDENTS BY THIS INSTITUTION.  |   |  |  |   |                       |
| NAME OF HOSPITAL (Must be typed)<br><u>The Mount Sinai Hospital</u>  |   |  | SIGNATURE OF HOSPITAL OFFICIAL<br><u>Gleniss Schonholz</u>                             |   |                       |
| STREET ADDRESS OF HOSPITAL<br><u>100th Street and Fifth Avenue</u>   |   |  | TYPED NAME AND TITLE OF ABOVE OFFICIAL<br><u>Gleniss Schonholz, Assistant Director</u> |   |                       |
| CITY-STATE-ZIP CODE<br><u>New York, New York 10029</u>   |   |  | BEST COPY AVAILABLE <u>59</u>  |   |                       |

BP 11-66  
101

1101 Midland Ave. Apt. 523  
Bronxville, N.Y.  
July 19, 1972

Commanding General  
Headquarters  
First United States Army  
Fort George G. Meade, Maryland

Dear Sir:

I have been granted a Berry Plan Deferment in Cardiology and would like clarification as to precisely how many years this entails. I am currently a first year resident in Internal Medicine at Mount Sinai Hospital, New York, N.Y.

According to the 1971-72 Directory of Approved Internships and Residencies, the Board of Internal Medicine "recommends that candidates receive three years of training in the broad field of internal medicine". This includes one year of internship and two years of residency in Internal Medicine, and allows one to take the Board exam in Internal Medicine. The Board of Internal Medicine further states that "some candidates can undertake the examination with a minimum of two of the three years of training in internal medicine. These exceptional candidates must obtain authorization from the director of their second year of training in internal medicine".

For certification in the subspecialty of Cardiology "candidates must have been certified as Diplomates in Internal Medicine... and have completed a minimum of four years of postdoctoral education, including two years in the subspecialty, and must have passed a subspecialty area examination".

There are thus two ways ~~I can obtain~~ certification in Cardiology:

- yes*
1. One year internship  
Two years residency Internal Med.  
~~Two years residency Cardiology~~
  2. One year internship  
One year residency Internal Med.  
Two years residency Cardiology
- no*

the usual program  
(four years resid.)

only with special  
permission  
(three yrs. resid.)

BEST COPY AVAILABLE

A-98

62

102

In order to plan my program for the next few years I must know whether my deferment includes four years residency or just three. Could you please furnish me with this information as soon as possible?

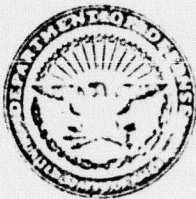
Thank you.

Sincerely,

*Joseph P. Ornato, M.D.*  
Joseph P. Ornato, M.D.  
1LT, 041-40-2836

A-99

63



IN REPLY REFER TO:

AGUZ-APD-PM

DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
U. S. ARMY RESERVE COMPONENTS PERSONNEL AND ADMINISTRATION CENTER  
ST. LOUIS, MISSOURI 63132

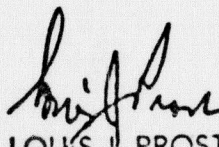
14 OCT 72

SUBJECT: Consideration for Promotion in the United States Army Reserve

ORNATO JOSEPH P  
SSAN: 041-40-2836 1LT  
1101 MIDLAND AVE 323  
BRONXVILLE NY 10708

Convening Date of Board: 5 FEB 73

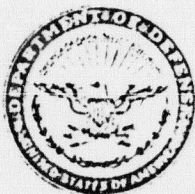
1. Your personnel records are being reviewed to determine your eligibility for promotion to the next higher grade. Your records will be submitted to a Department of the Army Selection Board which is scheduled to convene as indicated above.
2. Personal appearance before the selection board is not authorized. An officer eligible for consideration may send a letter inviting attention to specific items concerning his military service that he deems important in the board's consideration of his record. These items may include newly acquired diplomas, degree or professional stature or information pertaining to civilian occupation, including length of experience and the extent of supervisory responsibility. Items will not contain criticism, nor reflect upon the character, conduct or motives of any officer. Documents received will not be returned; therefore, photostatic or certified true copies should be submitted. Communications may be addressed to Commanding General, U. S. Army Reserve Components Personnel and Administration Center, P. O. Box 12449, Olivette Branch, ATTN: AGUZ-APD-PM, St. Louis, Missouri 63132 and should arrive at least 30 days prior to the first of the month in which the board is scheduled to convene.
3. You will be notified of your selection or nonselection upon adjournment of the board and receipt of its finding in this Center. The decision of the board is administratively final. If selected, promotion action will be finalized after you have been determined physically qualified and upon completion of a favorable security check. No action is necessary on your part to meet these requirements unless notified by this office.
4. In the event that you are eligible for and elect discharge, transfer to the Control Group (Inactive) or the Retired Reserve prior to your promotion eligibility date, this correspondence should be disregarded.

  
LOUIS J. PROST  
Brigadier General, USA  
Commanding

DISTRIBUTION:  
1-Officer Concerned  
1-MPRJ

A-100

66



DEPARTMENT OF THE ARMY  
HEADQUARTERS, FIRST UNITED STATES ARMY  
FORT GEORGE G. MEADE, MARYLAND 20755

AHAAG-CO

29 October 1971

SUBJECT: Appointment as a Reserve Commissioned Officer of the Army  
Under Title 10 United States Code, Section 591 and Section 593

11F Joseph Pasquale Ornato, OH1-40-2836  
1101 Highland Avenue, Apartment 323  
Bronxville, New York 10708

- A. PC-USAR
- B. 3100
- C. AR 135-50
- D. 4 yrs, 5 mos, 7 days

1. The Secretary of the Army has directed that you be informed that by direction of the President, you are appointed a Reserve commissioned officer of the Army, effective upon your acceptance, in the grade and with service and social security number shown in address above.
2. This appointment is for an indefinite term.
3. Execute the inclosed form for oath of office and return promptly to this headquarters, ATTN: AHAAG-CO. Your execution and return of the oath of office constitute your acceptance of appointment. Prompt action is requested since cancellation of this appointment is required if acceptance is not received within 90 days or as otherwise prescribed. Upon receipt of the properly executed oath of office, a commission (DD Form 1A) will be forwarded to you. If you do not desire to accept appointment, return this letter with your statement of declination thereon.
4. Your primary MOS is shown after B (when applicable). The Army Regulation pertaining to your appointment is shown after C. If you have been credited with "years of service in active status," the number of years, months, and days is shown after D. This service is not valid for basic pay entry date and it is not the result of prior military service.
5. After acceptance of this appointment, any change in your permanent home address or a temporary change of address of more than 30 days duration will be reported by you to the custodian of your military personnel records.

FOR THE COMMANDER:

RICHARD A. GRAHAM  
CPT, AGC  
Asst AG

Date of acceptance 5 November 1971

A-101

107

|   |                        |  |                  |  |
|---|------------------------|--|------------------|--|
| <b>RECORD OF MILITARY<br/>STATUS OF REGISTRANT</b>  |                        | to be submitted initially and immediately upon change in status.<br>References preceding each item refer to the Military Selective Service Act of 1967, as amended and Title 10, United States Code. |                  | DATE<br><b>11 November 1971</b>                                    |
| TO: (Number and address of Local Board of jurisdiction) (Include ZIP Code)  |                        | FROM: (Include mailing address and ZIP Code)   |                  |  |
| <b>1312, 640 Chapel Street, New Haven<br/>Connecticut 06510</b>   |                        | <b>HEADQUARTERS<br/>FIRST UNITED STATES ARMY<br/>Fort George G. Meade 20755</b>  |                  |  |
| 1. SERVICE NUMBER   | 2. GRADE, RATE OR RANK | 3. LAST NAME - FIRST NAME - MIDDLE INITIAL   | 4. DATE OF BIRTH |  |
|   | <b>1LT</b>             | <b>OPRATO Joseph Pasquale</b>  | <b>30 Dec 47</b> |  |
| 5. SSAN   | 6. ARMED FORCE         | 7. SELECTIVE SERVICE NO.   |                  | 8. HOME ADDRESS  |
| <b>041 40 2836</b>  | <b>ARMY</b>            | <b>6 8 47 941</b>  |                  | <b>1312 Chapel Street, Apt. 323<br/>Bronxville, New York 10708</b> |
| 9. ORGANIZATION   |                        | 10. LOCATION   |                  | 11. PERIOD OF INITIAL ACTIVE DUTY FOR TNG.                         |
| <b>RCPAC ATTN: AGUZ-PAD-DA</b>  |                        | <b>St. Louis, Missouri 63132</b>   |                  | FROM TO  |
| 12. THE RECORDS OF THIS OFFICE PERTAINING TO THE ABOVE NAMED INDIVIDUAL EVIDENCE THE FOLLOWING:<br>(Check applicable subitem(s)) REPORT IS <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> STATUS CHANGE <input type="checkbox"/> FINAL REPORT |                        |  |                  |  |
| a. SEC 6(c)(2)(A) MSA - WAS APPOINTED IN AN "ORGANIZED UNIT" OF THE NATIONAL GUARD OF THE STATE OF _____ ON _____   |                        |  |                  |  |
| <input checked="" type="checkbox"/> b. SEC 6(c)(2)(A) MSA - WAS APPOINTED IN A RESERVE COMPONENT OF THE ARMED FORCE OF <b>Army</b> ON <b>5 Nov 71</b>   |                        |  |                  |  |
| c. SEC 6(d)(1) MSA - WAS SELECTED FOR ENROLLMENT OR CONTINUANCE IN ONE OF THE FOLLOWING AND HAS EXECUTED A DEFERMENT AGREEMENT:   |                        |  |                  |  |
| <input type="checkbox"/> SENIOR DIVISION OF THE RESERVE OFFICERS' TRAINING CORPS AND <input type="checkbox"/> ENLISTED IN A RESERVE COMPONENT OF THE ARMED FORCES (If applicable)   |                        |  |                  |  |
| <input type="checkbox"/> PLATOON LEADERS' CLASS OF THE MARINE CORPS.  |                        |  |                  |  |
| <input type="checkbox"/> NAVAL AND MARINE CORPS OFFICER CANDIDATE TRAINING PROGRAM.   |                        |  |                  |  |
| <input type="checkbox"/> RESERVE OFFICERS CANDIDATE PROGRAM OF THE NAVY.  |                        |  |                  |  |
| <input type="checkbox"/> OFFICER PROCUREMENT PROGRAMS OF THE COAST GUARD AND COAST GUARD RESERVE.   |                        |  |                  |  |
| <input type="checkbox"/> APPOINTED ENSIGN, NAVAL RESERVE, WHILE UNDERGOING PROFESSIONAL TRAINING.   |                        |  |                  |  |
| <input type="checkbox"/> COURSE OF INSTRUCTION WAS <input type="checkbox"/> COMPLETED <input type="checkbox"/> TERMINATED ON _____  |                        |  |                  |  |
| REGISTRANT WAS COMMISSIONED ON <b>5 Nov 71</b> AND CONTINUES IN A RESERVE COMMISSIONED STATUS.  |                        |  |                  |  |
| d. SEC 6(d)(2) MSA - WAS COMMISSIONED ON _____ IN A RESERVE COMPONENT OF THE ARMED FORCE OF _____ AFTER COMPLETION OF OFFICERS' CANDIDATE SCHOOL & CONTINUES IN A RESERVE COMMISSIONED STATUS.  |                        |  |                  |  |
| e. SEC 6(e) MSA - IS A FULLY QUALIFIED AND SELECTED AVIATION CADET APPLICANT WHO SIGNED AN AGREEMENT OF SERVICE ON _____  |                        |  |                  |  |
| f. 10 USC 511(a) - WAS ENLISTED ON _____ FOR _____ YEARS IN THE _____ (Res Component)   |                        |  |                  |  |
| g. 10 USC 511(b) - WAS ENLISTED ON _____ FOR 6 YEARS AND HAS AGREED TO ENTER ON ACTIVE DUTY FOR _____ YEARS IN THE _____ (Res Component)  |                        |  |                  |  |
| h. 10 USC 511(d) - WAS ENLISTED ON _____ FOR 6 YEARS IN THE _____ (Res Component)   |                        |  |                  |  |
| <input checked="" type="checkbox"/> i. HAVING BEEN <input checked="" type="checkbox"/> <del>RETIRED</del> <input type="checkbox"/> APPOINTED A COMMISSIONED <del>OFFICER</del> OFFICER AS CHECKED ABOVE:  |                        |  |                  |  |
| <input type="checkbox"/> HAS CONTINUED TO SERVE SATISFACTORILY IN OTHER THAN READY RESERVE UNIT.  |                        |  |                  |  |
| <input type="checkbox"/> IS SERVING SATISFACTORILY IN A UNIT OF THE READY RESERVE.  |                        |  |                  |  |
| <input type="checkbox"/> HAS COMPLETED HIS STATUTORY SERVICE OBLIGATION, INCLUDING NOT LESS THAN 4 MONTHS ACTIVE DUTY FOR TRAINING ON _____   |                        |  |                  |  |
| <input type="checkbox"/> CEASED TO SERVE SATISFACTORILY.  |                        |  |                  |  |
| <input type="checkbox"/> TRANSFERRED TO THE <input type="checkbox"/> STANDBY RESERVE <input type="checkbox"/> RETIRED RESERVE.  |                        |  |                  |  |
| <input type="checkbox"/> WAS DISCHARGED ON _____ AS A MEMBER OF THE _____ NATIONAL GUARD OF THE STATE OF _____ AND BECAME A MEMBER OF THE _____ RESERVE.  |                        |  |                  |  |
| <input type="checkbox"/> WAS DISCHARGED ON _____ AS A RESERVE OF THE _____ BY REASON OF _____   |                        |  |                  |  |
| 13. REMARKS   |                        |  |                  |  |
| <b>AR 135-50 (Berry Plan 71)</b>  |                        |  |                  |  |
| 14. TYPE NAME (Last, first, middle initial) SIGNATURE OF AUTHORIZED OFFICER   |                        |  |                  |  |
| <b>RICHARD A. GIBLIN, CPT, AGC, Asst AG</b>   |                        |  |                  |  |
| *Complete as required by Armed Force concerned.   |                        |  |                  |  |

A-102

103

DEPARTMENT OF THE ARMY  
HEADQUARTERS, FIRST UNITED STATES ARMY  
FORT GEORGE G. MEADE, MARYLAND 20755

SPECIAL ORDERS  
NUMBER 320  
EXTRACT

16 November 1971

6. TC 274. Following reserve assignment action directed.

EVANS, EDWARD B 061-36-5224 1LT 3100, 6142 Joyce Lane, Cincinnati, OH 45237 MC (USAR)  
ARMENTANO, ANTHONY J JR 131-36-3959 1LT 3100, 41 Latham Village Lane, Apartment 14,  
Latham, NY 12110 MC (USAR)

Authority: Paragraph 2-10b, AR 140-10

Relieved from: Not applicable

Reason: Deferment for Army Medical Department Officer - AR 135-50

Assigned to: USAR Control Group (Officer Active Duty Obligor) RCPAC, St Louis, MO 63132

Effective date: 3 November 1971

Special Instructions: Major subject code and title for which delayed (AR 680-29): GOX -  
Medicine General. Procurement Program Number as shown in AR 601-110  
if the officer were to be ordered to active duty at this time: TF.

FREDA, FRANKLIN L 227-66-1965 1LT 3100, 325 North Laburnum Avenue, Apartment 3,  
Richmond, VA 23223 MC (USAR)

O'NEAL, JOHN R 172-34-7515 1LT 3100, 77 7th Avenue, New York City, NY 10011 MC (USAR)

RANDALL, DEREK G 058-38-4153 1LT 3100, 620 West 170th Street, Apartment 4C, New York,  
NY 10032 MC (USAR)

ORNATO, JOSEPH P 041-40-2836 1LT 3100, 1101 Midland Avenue, Apartment 323, Bronxville,  
NY 10708 MC (USAR)

FISS, THOMAS W JR 192-36-9253 1LT 3100, 3001 Branch Avenue, Apartment 43, Hillcrest  
Heights, MD 20019 MC (USAR)

Authority: Paragraph 2-10b, AR 140-10

Relieved from: Not applicable

Reason: Deferment for Army Medical Department Officer - AR 135-50

Assigned to: USAR Control Group (Officer Active Duty Obligor) RCPAC, St Louis, MO 63132

Effective date: 5 November 1971

Special Instructions: Major subject code and title for which delayed (AR 680-29): GOX -  
Medicine General. Procurement Program Number as shown in AR 601-110  
if the officer were to be ordered to active duty at this time: TF.

SIEGEL, STEPHEN R 052-38-0336 1LT 3100, 2210 Kenmore Road South, Freeport, NY 23225 MC  
(USAR)

FREDERICK, DAVID W 429-84-3341 1LT 3100, 1016 Olde Hickory Road, Lancaster, PA 17601  
MC (USAR)

Authority: Paragraph 2-10b, AR 140-10

Relieved from: Not applicable

Reason: Deferment for Army Medical Department Officer - AR 135-50

Assigned to: USAR Control Group (Officer Active Duty Obligor) RCPAC, St Louis, MO 63132

Effective date: 6 November 1971

Special Instructions: Major subject code and title for which delayed (AR 680-29): GOX -  
Medicine General. Procurement Program Number as shown in AR 601-110  
if the officer were to be ordered to active duty at this time: TF.

STIRBA, CLIFFORD D 222-32-5218 1LT 3100, 700 Scarsdale Avenue, Scarsdale, NY 10583  
MC (USAR)

BLECKER, MICHAEL J 137-36-4806 1LT 3100, 31 New Street, Englewood Cliffs, NJ 07632  
MC (USAR)

Authority: Paragraph 2-10b, AR 140-10

Relieved from: Not applicable

Reason: Deferment for Army Medical Department Officer - AR 135-50

Assigned to: USAR Control Group (Officer Active Duty Obligor) RCPAC, St Louis, MO 63132

Effective date: 7 November 1971

Special Instructions: Major subject code and title for which delayed (AR 680-29): GOX -  
Medicine General. Procurement Program Number as shown in AR 601-110  
if the officer were to be ordered to active duty at this time: TF.

RITTER, WILLIAM S 188-34-2134 1LT 3100 Lorain Road, Apartment 604, Fairview Park, OH  
44126 MC (USAR)

MAYER, WILLIAM M 085-36-3007 1LT 3100 North Shore Hospital Apartments, Apartment 30,  
Building 6, Community Drive, Manhasset, NY 11030 MS (USAR)

A-102

JOSEPH P. ORNATO, M.D.  
1101 MIDLAND AVENUE, APT. 323  
BRONXVILLE, NEW YORK 10708

16 Sep 1975  
8H

Sept. 16, 1975

Dear Sirs:

As per your request, a quadrennial medical examination was carried out on myself on 8-28-75 by Dr. James Christodoulou, my personal physician. Laboratory examinations were performed subsequently at the New York Hospital-Cornell Medical Center, 525 East 68th Street, N.Y., N.Y. 10021. Photocopies of those examinations are enclosed for your records.

The above examinations were performed at a civilian institution at my own expense with no expense to the government.

Thank you for your co-operation.

Cordially,

Joseph P. Ornato, M.D.  
Joseph P. Ornato, M.D.

A-104

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110

**CERTIFICATE OF ACKNOWLEDGMENT AND UNDERSTANDING OF SERVICE REQUIREMENTS FOR INDIVIDUALS  
APPLYING FOR APPOINTMENT IN THE UNITED STATES ARMY RESERVE UNDER THE PROVISIONS OF AR 135-50**

*For use of this form, see AR 135-50; the proponent agency is the Office of The Surgeon General.*

*In connection with your application for appointment as a commissioned officer in the Army Reserve under the provisions of AR 135-50, there are certain obligations that you will incur if a commission is offered and you accept. They are explained in detail below. This information should be carefully studied prior to acknowledgment.*

*This form with your signature will be submitted with your request for appointment and indicates that you understand and accept all of the service requirements contained herein. Copies of this form with your signature will become a part of your official file if selected for appointment.*

In consideration of the opportunity to serve as a commissioned officer in the U.S. Army Reserve subject to the conditions listed below, I understand and agree to comply with the following service requirements, should I be tendered such an appointment and accept it:

1. If I am under age 26 on the date I accept an initial appointment, I will incur a statutory military service obligation of 6 years commencing with the effective date of appointment.
2. I will be subject to the further orders of the Secretary of the Army.
3. I will enter on active duty for a period of 2 consecutive years upon expiration of the period of delay from order to active duty to complete residency or other post doctoral training, irrespective of reaching age 35, unless I previously incurred an active duty obligation of greater length.
4. If I am not ordered to active duty upon completion of my civilian professional training, I will remain a member of the Ready Reserve for a period of 3 years, or until completion of my Ready Reserve obligation, whichever is the later date.
5. Should I discontinue my civilian professional training, I may be ordered to active duty for a period of 2 consecutive years.
6. I will not be required or authorized to participate in any form of Ready Reserve Training while in a delay status.
7. I will not be required to attend scheduled training assemblies or participate in annual training while in a delay status.
8. If not ordered to active duty upon completion of my civilian professional training while assigned as a member of the Ready Reserve, I will be required to participate as follows:
  - a. If I am mandatorily assigned or voluntarily join a Reserve unit I will be required to attend all scheduled unit training assemblies.
  - b. As a member of a unit, I may be required to satisfactorily complete one period of annual active duty for training of not less than 14 days per year exclusive of travel time.
  - c. If I am not assigned to a unit, I will be assigned to the Individual Ready Reserve (IRR), and while so assigned I may be required to perform not more than 30 days active duty for training annually.
  - d. While a member of the IRR I may be subject to assignment or reassignment to a unit.
  - e. If under 26 years of age on the date I accept initial appointment in the USAR and upon satisfactorily completing a total of 5 years of combined active duty, unit and/or IRR service, I will be eligible for transfer to the Standby Reserve for the remainder of my service obligation and will be so transferred unless I elect to remain in the Ready Reserve, or unless I am eligible for separation and elect this option:

(CONTINUED ON REVERSE)

f. If I am 26 years of age or over on the date I accept initial appointment and upon satisfactorily completing a total of 3 years of combined active duty, unit and/or IRR service, I will be eligible for transfer to the Standby Reserve for the remainder of my service obligation and will be transferred unless I elect to remain in the Ready Reserve, or unless I am eligible for separation and elect this option.

g. If I am determined to be an unsatisfactory participant I may be ordered to perform active duty for training for a period not to exceed 45 days.

h. That as a Reserve officer of the Army, I can become an officer of the Army National Guard of the United States if I am appointed and Federally recognized in the Army National Guard of a State, Puerto Rico or the District of Columbia. I understand further that satisfactory service as a commissioned officer of the Army National Guard of the United States constitutes service in the Ready Reserve; accordingly, if Ready Reserve service in an appropriate activity of the United States Army Reserve is not available to me I agree to accept appointment in the Army National Guard of a state (including the District of Columbia and Puerto Rico) in which I am residing if tendered and to complete my Ready Reserve service as an officer of the Army National Guard of the United States.

9. During the time that I am a commissioned officer and a member of the Ready Reserve, I may at any time be ordered to active duty involuntarily as an individual or as a member of a unit in the event of war or emergency declared by Congress, or the President of the United States, or under any other conditions authorized by law in effect at the time of my appointment, or which may hereafter be enacted into law.

10. I am responsible to keep my commander advised of my current mailing address at which I will receive official correspondence.

11. I am responsible to reply to and comply with all official orders and correspondence which I may receive.

I, the undersigned, having voluntarily elected to apply for appointment as a commissioned officer of the United States Army Reserve acknowledge that all of the conditions of said appointment are understood and acceptable.

|  |  |   |                         |
|--|--|---|-------------------------|
| SIGNATURE OF WITNESS<br><i>Jean Welborn Ornato</i>                             | DATE SIGNED<br>4 OCT 71  | SIGNATURE OF APPLICANT<br><i>Joseph Pasquale Ornato, MD</i> | DATE SIGNED<br>4 OCT 71 |
| PRINTED OR TYPED NAME OF WITNESS<br>JEAN WELBORN ORNATO                        | PRINTED OR TYPED NAME OF APPLICANT<br>Joseph Pasquale Ornato, MD |   |                         |
| ADDRESS OF WITNESS<br>1101 Midland Ave, Apt. 323<br>Bronxville, New York 10705 | SOCIAL SECURITY ACCOUNT NUMBER<br>041-40-7836                    |   |                         |

A-106

2-6  
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## CHAPTER 1

## GENERAL PROVISIONS

1-1. Purpose. This regulation prescribes policy and procedures for delay in and exemption from entry on active duty (AD) and active duty training (ADT) for members of the Army National Guard of the United States (ARNGUS) and US Army Reserve (USAR). Exceptions will be made only by Headquarters, Department of the Army (HQDA) on an individual basis.

1-2. Applicability. a. This regulation applies to—

- (1) Participants in the ROTC Program.
- (2) Participants in Army Medical Department (AMEDD) officer procurement programs monitored by The Surgeon General (TSG).
- (3) Units and individual members of the Ready Reserve involuntarily ordered to AD during a mobilization or temporary expansion of the active Army.
- (4) Members of the Standby Reserve determined available for AD in time of war or national emergency declared by Congress.
- (5) Enlisted personnel ordered to initial ADT (IADT).
- (6) Enlisted members ordered to involuntary AD/ADT for failure to participate satisfactorily.
- (7) Certain Army Medical Department (AMEDD) officers ordered to involuntary AD.

b. This regulation has equal application to the Army National Guard and the Army Reserve. Specific chapters and paragraphs of this regulation which apply to the ARNG or Army Reserve are:

| Reference | ARNG | USAR |
|-----------|------|------|
| Chapter 1 | X    | X    |
| Chapter 2 | --   | X    |
| Chapter 3 | X    | X    |

| Reference   | ARNG | USAR |
|-------------|------|------|
| Section I   | X    | X    |
| Section II  | --   | X    |
| Section III | X    | X    |
| Section IV  | X    | X    |
| Chapter 4   | X    | X    |
| Chapter 5   | X    | X    |

1-3. Explanation of terms. For the purpose of this regulation, the following apply:

a. *Appeal*. An individual's request for reconsideration of a denied request for delay or exemption from AD or ADT.

b. *Delay*. The postponement of AD or ADT.

c. *Exemption*. Total relief from the requirement to report for AD or ADT.

d. *Full-time course instruction*. Not less than 9 semester hours of graduate studies (excluding enrollment in night school or extension courses); or the institution's certification of enrollment in a full-time course of instruction, whichever is the lesser academic requirement.

e. *Graduate studies*. Study at the graduate level after attaining a baccalaureate or first degree.

f. *Immediate family*. The spouse, divorced spouse, a child under age 18 (legitimate, illegitimate, legally adopted, step, or foster), parent, grandparent, brother or sister (under age 18), or a person of any age who is physically or mentally handicapped and whose support the member has assumed in good faith.

g. *Institution of higher education*. A school, an institution, a seminary, or a professional school—

(1) Listed in the following publications

A-107

(available from the American Council on Education, Publications Division, 1785 Massachusetts Avenue, NW, WASH, DC 20036):

(a) *Higher Education, Education Directory*—for institutions located within CONUS. Published annually by the US Department of Health, Education, and Welfare.

(b) *International Handbook of Universities* (Paris) and the *Commonwealth Universities Yearbook* (London)—for recognized degree-granting institutions located outside CONUS. This handbook does not apply to education in the AMEDD professional specialties.

(2) For AMEDD specialties, an approved or accredited professional school located in the United States or Puerto Rico and accredited by an accrediting agency or association that is recognized for this purpose by the US Commissioner of Education. Included are institutions which are in the process of seeking accreditation and currently have provisional or conditional accreditation, or candidacy status for accreditation, based solely on the newness of the institution.

*h. Health professionals.* Individuals who are—

(1) Pursuing a degree in medicine, osteopathy, dentistry, veterinary medicine, nursing (B.S.N.), dietetics, physical therapy, occupa-

tional therapy, and specialties applicable to appointment in the Medical Service Corps.

(2) Participating in AMEDD officer procurement programs (para 4-2c(2)).

*i. Medical specialist registrant.* A doctor of medicine, osteopathy, dentistry, veterinary medicine, or other allied medical specialty who is determined by the Director of Selective Service to be available for service in the Armed Forces (AR 601-54).

*j. ROTC officer.* An officer commissioned through the ROTC program who has not performed the initial AD/ADT tour agreed upon while enrolled in the ROTC program.

*k. Seasonal employment.* Employment that is not continuously active or at peak operation during the entire calendar year.

**1-4. Right to appeal.** An individual whose request for delay or exemption from entry on AD/ADT is denied, is entitled to appeal to higher authority as specified elsewhere in this regulation.

**1-5. Suspension of delay.** The Department of the Army (DA) may suspend the authority to grant delays or may terminate previously granted delays because of overriding military requirements.

## CHAPTER 2

# DELAY AND EXEMPTION OF MEMBERS OF THE ROTC AND AMEDD OFFICER PROCUREMENT PROGRAMS

## Section I. BASIC POLICY

**2-1. General.** The primary purpose of the ROTC program and the AMEDD officer procurement programs is to procure commissioned officers to meet the needs of the active Army and to meet mobilization requirements.

*a.* This chapter applies to all ROTC cadets; officers appointed from the ROTC program who have not completed an initial tour of AD/ADT; and officers approved for participation in AMEDD officer procurement programs listed in paragraph 4-2c(2).

*b.* Participants in the ROTC program and the AMEDD officer procurement programs may be delayed from entry on AD/ADT for the reasons and periods discussed in this chapter and shown in table 2-1.

*c.* Except as indicated in paragraph 2-3, officers delayed from entry on AD/ADT are neither required nor authorized to participate in Reserve activities during such a delay.

**2-2. Assignment.** Delayed members of the ROTC program and AMEDD officer procurement program participants will be assigned to USAR Control Group (Officer Active Duty Obligor) (OADO), RCPAC. (See para 2-6c for exceptions.)

**2-3. Training program.** *a.* Officers detailed to Staff Specialist Branch, MOS 0001, may apply for participation in the educational and training programs for Staff Specialists (divinity stu-

dents) as set forth in AR 135-318. Applications will be submitted to RCPAC at least 60 days before the training date requested.

*b.* Participants in the AMEDD Early Commissioning Program (AR 601-140) and ROTC officers delayed to study medicine or osteopathy may apply for participation in the Clinical Clerkship Training Program. Applications will be submitted through the deans of the medical schools in question to RCPAC in sufficient time to reach The Surgeon General by 1 January.

**2-4. Delay categories.** Delay categories authorized ROTC program and AMEDD officer procurement program participants are—

*a. Category A.*

(1) ROTC participants completing postgraduate studies.

(2) Participants in the AMEDD Early Commissioning Program (AR 601-140).

*b. Category B.*

(1) ROTC officers awaiting professional licensing in a specialty allied to health or health related fields.

(2) A participant in an AMEDD officer procurement program other than participants in the AMEDD Early Commissioning Program.

*c. Category C.* Extreme personal or community hardship.

*d. Category D.* For other cogent reasons.

*e. Category X.* For administrative reasons.

A-109

## Section II. PARTICIPANTS IN THE ROTC PROGRAM

**2-5. Planning.** *a.* Officers commissioned through the ROTC program normally are scheduled for AD/ADT during the fiscal year following appointment. On or about 1 February, cadets scheduled to be graduated and appointed in May or June will be issued letters of AD/ADT notification.

*b.* For planning purposes and to prevent issuing unnecessary letters of AD/ADT notification, cadets must show intent to request a delay by completing DA Form 4370-R (Preference Statement for Specialty, (Branch), Duty, and Initial Training). DA Form 4370-R (fig. 2-2) will be reproduced locally on 8- by 10<sup>1</sup>/<sub>2</sub>-inch paper.

DA Form 4370-R (fig. 2-2), a fold-in, is located at the end of regular size pages.

**2-6. Reserve assignment.** *a.* Officers granted a category A or B delay will be transferred to USAR Control Group (OADO), RCPAC. Appropriate ROTC region commanders will issue special orders with an effective date not later than the 20th day of the month in which the delay becomes effective.

*b.* Officers granted a category C or D delay will remain under the jurisdictional control of the ROTC region commander approving the delay, except as indicated in *c* below.

*c.* Officers elected or appointed to Congress, those appointed to a Federal Court or to a Federal or State public office, and those elected to a public office of a State will be immediately transferred to USAR Control Group (Standby-Inactive).

**2-7. Request for delay.** An ROTC graduate or potential graduate may request delay from entry on AD/ADT for one of the reasons and periods shown in table 2-1. Requests must be submitted by formal letter (fig. 2-1) or on DA Form 591 (Application for Initial (Educational) Delay from Entry on Active Duty and Supplemental Agreement). Priority for approval of educational delay for scholarship cadets will be given to those cadets requesting study in a discipline for which the Army has validated requirements. (See DA circulars in the 621 series.)

*a.* An initial educational delay (category A) may be granted in 1-year increments. (See para 2-8 for renewal of delay.) Applicants will complete DA Form 591 in triplicate in accordance with instructions on the form. One of the following supplemental DA forms must accompany the DA Form 591. A supply of DA Form 591 series may be requisitioned through normal AG publication supply channels.

(1) DA Form 591a (ROTC Supplemental Service Agreement (Initial Educational Delay)).

(2) DA Form 591b (ROTC Supplemental Service Agreement for Health Professional Program Participants).

(3) DA Form 591c (ROTC Supplemental Service Agreement (Army Chaplaincy)). This form will be completed only by students of religion theology who are preparing for the military chaplaincy.

*b.* An individual who has attained the degree objective for which granted a category A delay may be considered for further delay and, when authorized, will be placed in delay category B, C, or D. Application for further delay will be submitted in triplicate, in the format shown in figure 2-1, together with appropriate documentary evidence (chap. 4).

**2-8. Renewal of delay.** Individuals granted an educational delay (category A) may have it renewed annually as prescribed in *a* and *b* below. Renewal of any other delay category is not authorized unless an exception is granted by HQDA.

*a.* Application for renewal of delay (category A) will be submitted in accordance with instructions provided by RCPAC. An individual's delay status may be terminated if the completed renewal form is not returned within 30 days.

*b.* Renewal of delay (category A) may be granted in increments of 1 year when requested in writing within the time frames established in paragraph 2-9. The applicant must be satisfactorily studying for the same degree objective for which initially delayed in order to be eligible for consideration of renewal of delay.

1 April 1976

AP 601-25

RE: 2-9. Time frames. Except as indicated in a and b below, application for an initial or renewal delay will be submitted at least 120 days before the earlier of either the date of graduation or appointment, or the date of expiration of current delay. Applications not submitted within these time frames will be disapproved unless late application was beyond the individual's control. Late requests, together with complete explanation, will be forwarded to RCPAC for determination.

a. ROTC region commanders may grant an exception to the 120 day time frame when late submission of DA Form 591 is not the fault of the applicant. Under these circumstances, one additional copy of DA Form 591 will be prepared and immediately submitted through the professor of military science (PMS) to the major commander. The DA Form 591 will be marked "Advance Copy" and a remark entered in Part II (Enrollment Verification): "For planning purposes only"; completed DA Form 591 will be submitted O/A \_\_\_\_\_

(Date)

b. Application for category C delay (extreme personal or community hardship) will be submitted immediately after the situation warranting the delay occurs. If the hardship continues for a long period of time (normally more than 1 year) and cannot be alleviated by a temporary delay, action will be taken to remove the officer from the Ready Reserve (AR 135-133).

2-10. Exception to maximum delay. Delay beyond the maximum period shown in rules 1, 2, 3, 4, 6, 7, and 11 of table 2-1 is not authorized, unless an exception is granted by HQDA. A request for any exception to the maximum period shown in table 2-1 must give the reason and full justification for the further delay. Justification may include (but is not limited to) the following documentary evidence:

a. Statements concerning an individual's degree program and progress, or statements forecasting the anticipated date of completion of research; or presentation of thesis or dissertation. Statements may be from a graduate school official, or from the applicant when substantiated by the school official.

b. When abnormal difficulty in completing classroom work, experiments, or research was caused by personal hardship, illness, experiment failure, or similar reasons, the request will include substantiating documents from institution officials, from doctors, or from ministers.

c. A request for exception exceeding a total of 12 months will include a résumé of school requirements for completing the degree program. If the estimated date for completing the studies differs from the one given in the previously submitted request for delay, justification for the change must be furnished.

2-11. Responsibility. ROTC region commanders and CG, RCPAC are responsible for the MPRJ and strength accountability of officers under their jurisdictional control. Initial delay requests for post-baccalaureate professionally qualifying programs which indicate subsequent branching to ANC or AMSC will be telephonically coordinated for concurrence with HQDA (SGPE-PDM). Unless selected for ADT or granted a category A or B delay and transferred to RCPAC, jurisdictional control of an ROTC graduate remains with the ROTC region commander until the officers enters AD, is screened to the Standby Reserve, or is sooner separated.

a. ROTC region commanders will—

(1) Process requests for initial delay, determine eligibility for delay, and inform applicants of final decision on all requests

(2) Remind applicants of their responsibility to report changes shown in part III, DA Form 591, and to request renewal of delay.

(3) Transfer officers selected for IADT to USAR Control Group (Annual Training), RCPAC.

(4) Transfer officers granted a category A or B delay to USAR Control Group (OADO), RCPAC.

(5) Branch detail officers as follows and after orders are published, transfer as prescribed in (4) above.

(a) Detail to Medical Service Corps (MSC) branch—Officers delayed to study any of the

A-110

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major subject codes listed under Medical Allied Science of AR 680-29 and—

| Code | Subject  |
|------|--|
| BBH  | Health services administration                         |
| CCP  | Environmental health engineering                       |
| CCE  | Sanitation science and/or environmental health science |
| FEX  | Audiology  |
| FGA  | Bacteriology   |
| FAX  | Chiropody  |
| FHX  | Immunology   |
| FIB  | Pharmacology   |
| FKK  | Physiology   |
| KXX  | Pharmacy   |
| LXX  | Optometry  |
| DCB  | Entomology   |
| DCD  | Parasitology   |
| DCG  | Medical microbiology                                   |
| GKF  | Biomedical engineering                                 |

(b) Detail to branch undesignated—Individuals completing licensure, clinical affiliations, or internships for professional qualification in nursing, physical therapy, occupational therapy, or dietetics will be transferred to USAR Control Group (OADO), RCPAC, with branch undesignated.

(c) Detail to SS branch (MOS 0001)—Officers delayed to study religion theology (code ACC) in preparation for an Army chaplaincy (officers not preparing for the chaplaincy will not be detailed).

(d) Detail to Judge Advocate General

Corps (JAGC) branch—Officers specifically selected by the Judge Advocate General, HQDA (AR 601-102) and delayed to study law (general) (code PXX).

**b. RCPAC will—**

(1) Not later than 150 days before their current delay terminates, furnish officers the necessary forms and instructions to apply for renewal of delay.

(2) Make final decision on delay requests and inform the applicant.

(3) Remind applicants of their responsibility to report changes shown in part III, DA Form 591, and to request renewal of delay.

(4) Determine designation of branch, Officer Basic Course (OBC), and Reserve unit of assignment for officers selected for ADT.

(5) Schedule officers for AD/ADT as soon as possible after their delay terminates.

**2-12. Failure to graduate.** An officer who leaves school or fails to obtain the degree for which delayed will be required to perform AD/ADT in accordance with the terms of his signed supplemental agreement. When the officer was detailed or transferred (para 2-11a(5)), HQDA will determine the basic entry speciality (branch) in which he will be ordered to AD/ADT.

### Section III. PARTICIPANTS IN HEALTH PROFESSIONAL PROGRAMS

**2-13. General. a.** A health professional may be delayed from entry on AD/ADT for one of the reasons shown in table 2-1, provided the DA eligibility requirements are met; or if a member of the ROTC, provided the requirements in section II are met. See section IV and V for procedures for processing essentiality or community hardship requests from Medical Corps (MC) and Dental Corps (DC) officers; for other health professionals, see paragraph 2-15b.

**b.** When the instructions in this section conflict with those in AR 135-50, AR 135-101, AR 351-3, AR 601-130, AR 601-139, or AR 601-140, the provisions of this section will apply.

2-4

**2-14. Periods of delay.** The period of delay authorized will be based on the time required to attain a qualifying degree in a health or health-related field and may include the period needed to complete the first-year graduate medical education (internship). Delay (initial and renewal) of a participant in a health professional program will be granted in increments not to exceed 1 year. Delay to complete graduate school or first-year graduate medical (internship)/dental education beyond the maximum period (table 2-1) is not authorized unless an exception is approved by HQDA. A request for an exception must give the reason and full justification for further delay. Justification may

A-111

include (but is not limited to) the following documentary evidence:

a. Statements concerning the individual's degree program and progress or statements forecasting the estimated date of completion. Statements may be from a graduate school official, or from the applicant if substantiated by the school official.

b. When abnormal difficulty in completing classroom work, experiments, or research was caused by experiment failure, or similar reasons, the request will include substantiating documents from an institution official.

c. When abnormal difficulty in completing the degree program or first-year graduate medical (internship)/dental education program was caused by personal hardship or illness, the request will include substantiating documents from a doctor or minister.

**2-15. Initial delay.** a. *Categories A and B.* A health professional is initially delayed upon acceptance into an AMEDD officer procurement program. An ROTC cadet is initially delayed (category A) in accordance with section II and thereafter considered a health professional program participant. Renewal and subsequent delay of all health professionals will be processed in accordance with this section.

b. *Category C.* A health professional, except an MC or DC officer, may be granted a category C delay when entry on AD/ADT would result in extreme personal or community hardship. Application will be submitted (fig. 2-1) at the time the hardship occurs. The application (in triplicate), together with documentary evidence (para 4-2a or 4-2e), will be submitted to the commander having jurisdictional control over the member. When the hardship continues for a long period of time (normally more than 1 year) and cannot be alleviated by a temporary delay, action will be taken to remove the officer from the Ready Reserve (AR 135-133). MC and DC officers may apply for a category C delay as prescribed in section IV and V of this chapter.

**2-16. Renewal of delay.** a. *Categories A and B.*

(1) Except as shown in (2) below, application for renewal of delay will be submitted in

accordance with instructions provided by RCPAC. An individual's delay status may be terminated for failure to complete and return the renewal form within 30 days after receipt.

(2) An officer granted a category B delay (para 4-2c(2)(g)) to complete a first-year graduate medical (internship)/dental education may be eligible to enter further delay to pursue residency training. Application for delay for residency training will be submitted in triplicate (fig. 2-1) to HQDA (SGPE-PDB), Washington, DC 20310, at the time prescribed each year in the announcement listing specialties in which delays will be considered. Approved requests will be limited in number and specialties commensurate with the needs of the Army Medical Department. RCPAC will insure that selectees annually request renewal to continue residency training.

(3) Doctors of medicine and osteopathy must obtain advance approval to enter a residency program or additional subspecialty training which exceeds the requirements of the specialty board or teaching hospital concerned. (See the *Directory of Approved Residencies of the American Medical Association* or the *Directory of the American Osteopathy Association*.) Advanced approval must be obtained to enter a residency program if changes are made in the type of residency program for which an individual was originally approved. Request for exception will be submitted through CDR, RCPAC, to HQDA (SGPE-PDB), WASH, DC 20310.

b. *Category C.* Request for renewal of category C will be submitted in the same format as the initial request and approved by RCPAC only in exceptional cases.

**2-17. Responsibilities.** a. *The Surgeon General.* TSG is responsible for overall monitorship of USAR commissioned officers who are delayed to participate in AMEDD personnel procurement programs and who are ROTC health professional program participants requesting delays from entry on AD/ADT.

b. *ROTC regional commanders.* ROTC commanders are responsible for ROTC health professional program participants as set forth in section II. Commanders are also responsible for the MPRJ and strength accountability of these individuals.

A-112

1 April 1976

c. *Commanding General, RCPAC.* CG, RCPAC will—

(1) Maintain MPRJ and strength accountability of officers in health professional programs under his jurisdiction.

(2) Take actions listed in section II concerning ROTC health professionals.

(3) Appoint or transfer health professionals to the appropriate branch on completion of all basic educational and professional requirements and schedule officers for AD/ADT based on instructions from The Surgeon General.

(4) Take final action on promotion actions for officers under his jurisdiction.

(5) Retain under his jurisdictional control all participants who desire AD/ADT either immediately after first-year graduate medical education/internship or by the end of the calendar year.

(6) Monitor and control all health professionals within the USAR Control Group (OADO), to include delays, delay renewals, exemption, transfer to Standby Reserve, and discharge. Refer requests for extension and changes in postgraduate training or for coordination of requests which do not comply with established standards to HQDA (SGPE-PDB). Advise applicants of decision and furnish copy to HQDA (SGPE-PDB).

(7) At least 150 days before termination of current delay, furnish officers the necessary forms and instructions to apply for renewal of delay (para 2-16).

(8) Inform officer of individual responsibility to report changes affecting delay status (d below).

d. *Individual responsibility.* An officer granted a delay in entry on AD/ADT will report

any change affecting delay status to the CG, RCPAC. Some of the conditions that require reporting are—

(1) Failure to complete the education for which delay was granted.

(2) A move or transfer from the designated educational institution.

(3) Deviation in pursuit of studies.

(4) Change from full-time study to part-time study.

(5) The conditions necessitating delay no longer exist.

(6) A degree is granted.

(7) First-year graduate medical education/internship or residency is completed or terminated.

(8) Failure to pass qualifying professional examination.

**2-18. Failure to graduate.** An officer who fails to successfully complete the course of study for which a category A delay was granted will be processed as follows:

a. An ROTC officer will be required to perform the initial period of AD/ADT in accordance with the terms of the signed supplemental agreement completed in accordance with paragraph 2-7a.

b. A participant in an AMEDD officer procurement program will be ordered to active duty if HQDA determines he can be utilized effectively in any branch of service. The officer will be reappointed, if appropriate, and ordered to active duty for the period specified in the agreement entered into when approved for participation in the program. If HQDA determines that the officer cannot be effectively utilized, he will be processed for discharge (AR 135-175).

#### Section IV. ESSENTIALITY OR COMMUNITY HARDSHIP OF MEDICAL AND DENTAL PROGRAM PARTICIPANTS

**2-19. Delay policy.** A USAR MC or DC officer may request a category C delay based on alleged essentiality or community hardship. The provisions of this section do not apply to indi-

viduals participating in the US Army Health Professions Scholarship Program.

a. Request for delay for community essen-

A-113

1 April 1976

AR 601-25

ty R) tiality or hardship may be approved for a period not to exceed 6 months (rule 22, table 2-1). This delay may be extended for 6 months, or a maximum of a total of one year in accordance with the provisions of paragraph 2-22. Delay will be granted only when all of the following conditions are met:

(1) The medical/dental service being performed is essential to the maintenance of health, safety, or welfare in the officer's community.

(2) The service cannot be performed by other physicians/dentists residing in the area.

(3) Prior to the date scheduled to report for active duty, the officer cannot be replaced in the community by another person who can perform the medical/dental service.

(4) There is reasonable assurance that the officer can be replaced in the community within the authorized period of delay.

b. Physicians and dentists who are not at the time of application performing the health service needed by the community or who have never performed on a regular basis in a community which is alleged to suffer hardship are not eligible for delay or exemption.

2-20. Applying for exemption/delay. a. Request for exemption for delay in entry on active duty for essentiality or community hardship will be submitted to CDR, RCPAC as soon as the hardship condition occurs. The application may be submitted in writing by the officer and/or employer and will include as a minimum the following documentary evidence.

(1) A statement from the State Professional Association showing the number of personnel in the area who have similar qualifications, or who are performing the same or similar service.

(2) Letters from at least 5 disinterested persons indicating how the officer's withdrawal from the community would affect its health, safety, or welfare and the actions taken to obtain a replacement.

(3) The expected date within the authorized 6 months' delay that a replacement will be available to alleviate the hardship condition and a record of the efforts, if any, of attempts

by the community to attract alternative medical or dental services.

b. If it is determined that a community hardship exists which may be alleviated within a year, an applicant for exemption may be offered a 6-month delay in lieu of an outright denial. Before the 6-month period expires, the applicant will be required to submit a new application based on existing circumstances in the community at that time.

2-21. Renewal of delay. Request for renewal will be processed the same as for an initial request and will be submitted no later than 30 days before the initial delay will expire. Requests may be approved only when it is determined that the hardship can be alleviated within the renewal period. If renewal is granted, a copy of the approved renewal will be furnished HQDA (SGPE-PDB). If the essentiality can not be alleviated by a temporary delay (normally 1 year), action will be taken to remove the officer from the Ready Reserve (AR 135-133).

2-22. Board of officers. a. A DA board will be convened at RCPAC to consider applications submitted by or in behalf of MC or DC officers. At least one member of the board will be an officer of the Army Medical Department and senior to the officer whose case is being considered. The board proceedings will be as prescribed by the CG, RCPAC. (The provisions of AR 15-6 do not apply to these proceedings.) Personal appearance before the board of officers is not authorized.

b. The board will recommend approval or disapproval of all requests. Board approval of an application for exemption must include a recommendation for removal from the Ready Reserve (para 3-11). The board may recommend *delay in lieu of exemption* if in its opinion a disapproved request for exemption warrants delay.

2-23. Board decisions. CG, RCPAC will--

a. Issue appropriate orders when delay or exemption is granted.

b. Disapprove board recommendations only when the disapproval results in action more

A-114

favorable to the applicant or when the board's findings and recommendations are not supported by any evidence in the record.

c. Insure that final action is taken on board-approved requests for exemption.

d. Inform the applicant of the board's decision and the right to appeal a denied request for delay or exemption (para 2-25).

e. Furnish TSG (HQDA (SGPE-PDB)) copies

of orders and communications concerning board decisions.

**2-24. Appeal procedures.** An applicant requesting delay or exemption will be notified of the reason for denial. The applicant or employer may appeal directly to The Adjutant General (HQDA (DAAG-TCZ-C)), who will make a final decision on the appeal. An appeal must be submitted within 15 days of receipt of the denial letter.

#### Section V. EXTREME PERSONAL HARDSHIP OF MEDICAL AND DENTAL PROGRAM PARTICIPANTS

**2-25. Delay policy.** a. A USAR officer of the MC or DC may request a category C delay when an extreme hardship condition arises or was aggravated following appointment. (The inconvenience of altered income and separation from an officer's family are normal occurrences in military service and are not considered a hardship.)

b. Request for delay may be approved for a period not to exceed 6 months (rule 21, table 2-1) when it is established that entry on AD/ADT would have a substantial adverse affect on the officer's immediate family.

**2-26. Procedures.** Applications will be processed and considered by a DA board as prescribed in section IV. An applicant will not be exempted from entry on AD/ADT unless—

a. The hardship is permanent and cannot be alleviated by delaying entry on AD/ADT.

b. The officer has made every reasonable effort to alleviate the hardship, without success.

c. Exemption and removal is the only readily available means of eliminating or alleviating the hardship condition.

**2-27. Guidance.** Each request for delay will be evaluated on an individual basis. As examples, the following and related types of cases may be considered sufficient to delay entry on AD/ADT.

a. A physician indicates that life expectancy of the patient is 60 days or less or the patient's recovery would be seriously impaired if the officer were not present.

b. A member of the officer's immediate family has a serious illness or is involved in an accident and important responsibilities are placed on the officer because they cannot be assumed by anyone else.

c. More than one member of the officer's immediate family is seriously injured, regardless of the lack of added problems or limited life expectancy.

d. For any other hardship situation which may not specifically meet the above requirements but entry on AD/ADT would create a severe and unusual hardship on either the officer or his immediate family.

**2-28. Documentary evidence.** Request for delay or exemption will be submitted in accordance with the provisions of section IV, together with the necessary evidence required in a through c below. (Normally, evidence will be submitted in affidavit form.)

a. Affidavits submitted by or in behalf of the officer's family and by at least two disinterested persons or agencies having firsthand knowledge of the circumstances. The affidavits from disinterested persons or agencies should in-

-25

1 April 1976

AR 601-25

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clude reasons within their knowledge that the officer is the only person who can resolve the hardship.

bers of the officer's family when the hardship is based on financial reasons.

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b. The names, ages, occupations, home addresses, and monthly incomes of other mem-

c. A physician's statement showing the nature of the illness or disability and the prognosis for recovery. In the case of disability, the statement should include the date the disability occurred.

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Michael R. Dooling

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